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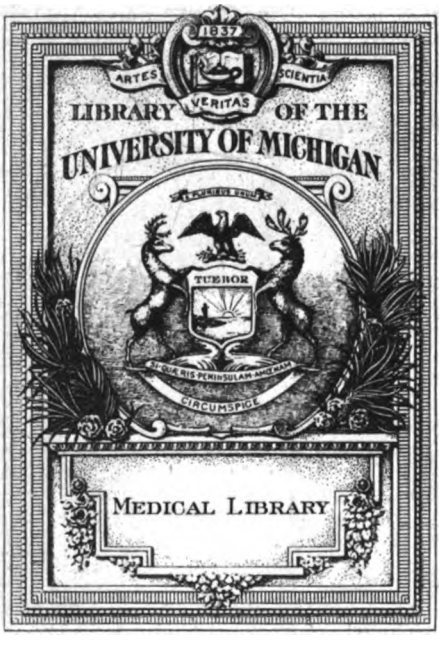

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THE MEDICAL SUMMARY

Vol. XXXII

A MONTHLY JOURNAL OF PRACTICAL MEDICINE; NEW PREPARATIONS, ETC.

R. H. ANDREWS, M.D., Editor & Proprietor

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THE VERSATILE PHYSICIAN.

The doctor should above all other men have a wide vision, a clear perspective and thoroughly know men and things. He can not specialize on all branches of learning and be conversant with all the affairs of life, but he should know something of everything and everything of something. He should endeavor to learn something from every individual he meets. He should not limit his reading and research simply to medical literature. The doctor who occasionally goes to church and the theatre, attends lectures and demonstrations of whatsoever kind, reads magazines and medical journals, patronizes the public library, studies and makes notes on his cases and reads two or three new medical books every year, is laying the foundation for a versatility of learning that can only make him a broad and thinking man. We should add to our store of knowledge every day—at least a little. Sir Walter Scott said he never met a man who was so stupid that he did not learn something from him that was valuable. The physician should be more than a pulse-feeler and a pill-giver. He should be a man of strong attainments and broad sympathy. We should ever bear in mind that the term "doctor" means "a man of learning."

TAKE TIME.

Some epigrammatist has said that a physician should have only one patient—the one before him. There is always danger of falling into the habit making haste and dealing with patients in a routine manner. We must always be on guard lest we become perfunctory in our examination and fall into a rut-like method of prescribing. We know physicians who have set speeches and phrases and use the same "bromidic" line of talk on about all occasions. Ready-made advice may be good in its way but it is so often misapplied. In extreme cases the handing out of cut-and-dried information may react upon the doctor. The physician did not take time to find out the occupation of the postman whom he advised to get out and walk more. Nor did the doctor know that the sufferer

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Moisten the mouth frequently with glycerin and lemon juice.

Does any medicine stay the icy hand for very long? Oxygen inhalations are sometimes employed, but we can not say that when death is inevitable it has any real value. Strychnine is a respiratory stimulant and flicks up a lagging heart; digitalis slows the heart, prolongs the systole and increases the force of the beat. If the patient is really dying we do not believe that either one of these remedies should be administered. Morphine in small doses is, in some inexplicable way, both a respiratory and cardiac stimulant, although its administration must at these times be extremely judicious. Glonoin is our quickest systemic stimulant and may sometimes be serviceable in near-death states. Its special indication is in angina pectoris. When the patient can still swallow aromatic spirits of ammonia is one of our most dependable stimulants, while alcoholics may also serve a useful purpose. The gasping and struggling of the dying consumptive are always somewhat ameliorated by sprinkling aqua ammonia about the room. It seems to soften the air and render breathing less difficult. It has been our observation that opiates in suitable form and dosage add to the comfort of these patients in a way that no other medication does, and with them we have no fear of engendering narcotic habits.

OLD AGE PENSIONS.

Congressman Lundin, of Illinois, introduced a resolution before the House of Representatives by which a committee of seven members of the House are authorized to investigate the various systems of old-age insurance, pensions and annuities now in vogue in different countries, such information being for the purpose of aiding in the establishment of similar government paternalism in this country. Most European countries now have old-age pensions for the indigent who have passed the bread-winning period of life. Among these are Germany, Denmark, New Zealand, Belgium, Italy, France, Austria and Australia. England and Canada had the matter of old-age pensions under advisement for a long time, but finally adopted laws that went into effect in 1909.

It is thought that the establishment of an old-age pension in the United States would be an economic one and would be far-reaching in its beneficent effects. It has been argued that it will cost the tax-payers of the country less to pension all worthy men and women over 65 years of age who are in need than to maintain them in poor-houses and charitable institutions. It has been pointed out that we bestow with pride the pension upon the soldier who fought our wars and he accepts it as an honorable reward. It would, perhaps, be equally consistent that the government's recognition be extended as gratefully to the soldier of peace who is as necessary as the soldier of war, provided the former has fought honorably and well the battle of the shop, the mine, the forest and the farm.

Another argument in favor of the pensioning of the indigent old is that in these days of strenuous young blood there is manifested by corporations and civil service commissions and others a strong discrimination against men who are not markedly young and vigorous. The man who has a suggestion of gray locks tries to conceal this telltale offender when he goes out to look for a job. He knows that old men are not often desired and seldom tolerated. It is probable that the passage of an old-age pension and annuity law, which could be carried out in a judicious manner, would be very beneficent from a humane standpoint as well as economic from a civic point of view.

THE HYPODERMIC SYRINGE.

Some writer in a medical journal said recently, that the doctor should always have with him a good hypodermic syringe, one of simple construction which will not get out of working order easily. The writer states that the syringe should be with him wherever he goes except when in bathing and then it should be on the beach. It is all right for the physician to have this trusty "gun" very near at hand, but he should restrain his inclination to shoot something into every individual who complains of an ache or pain. It should be borne in mind that the hypodermic syringe has been one of the factors leading up to the formation of dope habits. When the hypoderic is needed, however, it is usually

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badly needed and then the physician should not hesitate to use it. Hypodermic tablets being more soluble than others a variety of these should be found with the instrument. Very often a tablet or two on the tongue will obviate the need of employing the medicine subcutaneously. Among the tablets which should be carried are atropine, morphine, codeine, apomorphine, strychnine, nitroglycerin, hyoscine, pilocarpine and cocaine. These may, of course, be used in different combinations to certain advantage at times.

ATROPINE AS A HEMOSTATIC.

Dr. William F. Waugh is authority for the statement that atropine is the most dependable hemostatic remedy, so far as such action can be accomplished by any drug acting systematically and not locally. Atropine stimulates the vasomotor function, actively dilating the blood-vessels, especially the capillaries, and drawing into them so much of the body's blood-supply that there is not enough left to flow from the open vessels. Since the capillary system has a capacity for blood 700 times greater than that of the arterial system, it is easy to appreciate that a slight increase in capillary attraction for blood would suffice to cause a blood scarcity in the rest of the circulation. A full dose should be administered, always hypodermically, and no adjuvant is required unless it be the addition of glonoin to open the vessels thus letting the atropine more quickly into the circulation.

WORKING THE PROFESSION.

It seems that doctors get "worked" more than any other class of professional men. We have knowledge of one book concern that gives away to the purchaser of a set of books a valuable (?) lot in one of the suburbs of New York City. The agent assures the doctors that these lots are a "good thing" and that their market value is destined to go soaring in less than no time. This may be true, but as many astute capitalists as there are on the grounds, as it were, why don't they take advantage of these "good things?" We hear of other book firms who offer physicians a "library" free of charge for a few lines of recommendation of the work which they are trying to sell. If the physician answers the enclosed postal and signifies his willingness to accept the free "library" and thus demonstrates that very common, inherent trait of being willing to get something for nothing, a sleek agent calls on him in a few weeks to interest the doctor in the books which are for sale at a very stiff price. After all it is simply an adroit method of gaining an audience with a man who presumably takes a little interest in books. If the doctor can not be talked into signing up for the set of books he is finally released by giving the books a strong endorsement, in compensation for which he is offered his choice of five volumes of cheap books, simply common fiction. One correspondent informs us that he was never able to even extract this library of five volumes from the company. Thus the doctor lost anywhere from 60 to 90 cents, the total cost of the "free library."

SANGUINARINE.

Sanguinarine nitrate has many indications and may be given in $\frac{1}{67}$- to $\frac{1}{22}$-grain doses every hour or so to effect. It is a very valuable stimulant expectorant and gives good results in bronchitis and pneumonia where the patient is unable to cough up or eject mucus in the bronchial tubes. It is of value in all catarrhs of the respiratory organs. As a hepatic and stomachic stimulant sanguinarine has considerable value. It also gives gratifying results in amenorrhea and dysmenorrhea, and being a dependable sexual stimulant it is said to aid in overcoming frigidity in females.

THE DOCTOR'S FRIENDS.

The doctor does not make his money off his friends so much as he does the commonality in whom he has no special interest with no mutual twanging on the same social string. The near neighbor, the lodge brother, the good friend or individual with interests in some peculiar way akin to our own expect us to be lenient if not gratuitous. The riffraff ask and expect no particular favors at our hands. Our intimate friends and associates may expect much.

But, after all, the doctor should not

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undervalue his friends. They have confidence in him because they like him as a man. They are always ready to recommend him, and every doctor gets many nice things said of him of which he is not aware. Friends, who are of most value to the doctor, are conservative in their boosting and do not speak disparagingly of the competitor across the way. If there is anything nauseating it is to be obliged to listen to a constant recital of some doctor's wonderful deeds emanating from a few old ladies of both sexes.

LITTLE POINTS IN OBSTETRICS.

Success in the practice of midwifery depends upon many little things being carried out effectively and a great deal of attention to details. The physician should give his whole attention to the case at hand, provided it has arrived at a stage where his services can be of any possible avail. He can not remain in the accouchement chamber and snooze or read a newspaper and still retain the good will of the woman in bed. If he remains at all he should be busy doing something—or nothing. By giving thought to the case constantly he may obtain cues for changing the plan of management. Labor is so often retarded or facilitated by seemingly insignificant procedures. A change of decubitus, an enema, a sitz bath, hot drinks or an appropriate remedy at the right time may turn the course of a tardy labor in the proper direction. Such information can only be acquired by persistent and painstaking attention to details.

THE TREATMENT OF BURNS.

In the treatment of burns a German writer makes a very simple suggestion which he claims is of much value. He covers the burnt surface with a piece of linen cloth that fits closely over the surface and is held around the edges of the burns by small strips of adhesive plaster. This linen he keeps wet with cold water, renewing the water constantly for a number of hours. He claims the best possible results from this simple course, except the labor of constantly wetting the cloth to preserve a low temperature of fifty or sixty degrees. If he would wet the cloth with a strong solution of the bicarbonate of soda at the first, the heat and pain would, I believe, subside more quickly permitting later the application of a simple wet compress which would not have to be changed for some hours as the low temperature would not be required.—*Ellingwood's Therapeutics.*

THE PLAIN NURSE.

We speak of the plain or untrained nurse in contradistinction to the trained nurse. There is at present a considerable demand for the former. In this era of "costly high living" of which we hear so much on all sides the regular trained nurse, who has always maintained good compensation, is a luxury that many persons are now compelled to forego. We do not speak disparagingly of the trained nurse. She is now a necessity in most surgical cases and many that are non-surgical as well. But her price puts her beyond the reach of the majority of sick folks. People will say that when a nurse is required they can pay eight or ten dollars per week, but not double and treble that amount. So there has arisen quite a demand for intelligent women who will do nursing for less renumeration than that asked by the regular trained nurse. After all the main requisites of a nurse are intelligence, teachableness and faithfulness to the duties and confidences reposed in her. Another plea for the plain nurse is that she can more readily adjust herself to the environments of the humble home, at least in some instances, than the one who has been trained and had her experience amidst conditions that are almost ideal.

DON'TS IN GIVING ANESTHETICS.

Dr. H. J. Boldt says: Do not give an anesthetic on a full stomach. If an emergency presents itself always have thorough stomach lavage before the anesthetist starts with his work.

A person who is very nervous and apprehensive as to the outcome of the anesthesia should have a single preliminary dose of a narcotic. Twenty or thirty minutes before the anesthetic is given an injection of morphine with atropine should be made.

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If ether is used it should not be forced upon the patient; it should be administered gradually with reassuring words spoken by the anesthetizer. The quantity of ether can be greatly reduced if the "drop method" is used.

Do not continually touch the cornea to ascertain whether the corneal reflex has subsided. There is risk of causing conjunctivitis by such procedure.

Do not use alcoholic stimulants when a patient is suffering from the effects of excessive etherization.

Do not permit the anesthesia to begin until a careful physical examination has been made and the urine examined. In nephritis the scopolamine-morphine narcosis or nitrous-oxide gas combined with oxygen may be used.

Do not permit indiscriminate use of hypodermic injections of strychnine; a practice which is prevalent and against which I have repeatedly protested.

The anesthetist should never for a moment direct his attention from the patient; he should remember that he is scarcely less important than the surgeon. His finger must not be removed from the pulse of the patient, especially if chloroform is being used.

SULPHIDE OF CALCIUM.

This valuable remedy is called by our homeopathic friends "hepar sulphuris" and they give the 1x to promote suppuration and the 3x to prevent suppuration. Funny how a thing works both ways like that! Of course no one takes these absurdities seriously any more. But calcium sulphide is a good remedy when given to effect. It is useful in nodular and glandular affections, suppurative skin diseases, boils and carbuncles, bronchitis of a chronic type and many conditions in which the blood is impoverished. The dose is $\frac{1}{20}$ to $\frac{1}{4}$ grain and many clinicians give it until an aroma of the drug is emitted by the breath.

THE SUMMARY POLICY.

New subscribers are coming in all the time and for their benefit, as well as to remind our old friends, we wish to reiterate that SUMMARY is a practical journal, and that it is our aim to publish short articles that will be of every-day use. We do not care for academic articles or anything copied from a book. In fact, we don't want our material to read like a book. We want to be original, helpful and wide-awake. That is our policy. In addition to this we want little unique experiences, how you got out of tight places and whether your patient died or lived. We desire little stories and reminiscences that are readable and which reflect the practice of medicine and a doctor's actual life.

A REAL HEART WARMER.

We do not believe in devoting one half of our space to tell how good the other half is, but the following is such a good sample of the numerous similar letters reaching us, from time to time, that we have concluded to print it here. Read it, the good old Doctor has made us that remittance since he wrote this all right, and if you, Reader, are not a subscriber, or your subscription, possibly, not paid up, think it over. We would like to hear from you also.

R. H. ANDREWS, M.D.

DEAR DOCTOR:—I write to ask if you will be so kind as to let me know how I stand on your books.

It seems to me that I ought to be paying again for the good old journal that I don't want to get out of touch with so long as I am able to feel a pulse or give a pill. Am one of the veterans—"sort o' cripplin," but still in the fight. I must have the SUMMARY therefore. Please let me know when I ought to pay and how much.

H. A. BEESON, M.D.

March 2, 1910. Roswell, N. M.

YERBA SANTA IN OLD COUGHS.

When the broncho-pulmonary tract is filled with mucus or muco-purulent accumulations, which are easily expectorated, yerba santa is of signal value. Here it acts as a stimulant and expectorant, giving also an antiseptic quality, which is demanded in these cases. There is marked atony here, and the tendency is toward bronchiectasis. Give rather full doses, say 10 to 20 drops in simple syrup every 3 hours.—*Gleaner.*

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

POST-ANESTHETIC VOMITING.

By William W. Stevens, M. D.

Lecturer on Anesthetics, University Medical College Anesthetist to St. Luke's Hospital, and the Kansas City Southern Hospital; Lecturer to St. Joseph's Hospital, St. Luke's Hospital, University Hospital, Penn Valley Hospital and the Baptist Hospital.

Post-anesthetic vomiting is a subject of much importance to all of us, and especially to the prospective surgical patient. Many of you have patients who would submit to the operative procedure their condition demands if it were not for the dread of the anesthetic. And they dread most of all the post-anesthetic distress. In the past this condition was treated empirically and without any regard for its causation, one has only to refer to the uncountable host of remedies recommended to conclusively prove this assertion.

There are, undoubtedly, individuals who are more likely to vomit than others. Rosy cheeked children, bottle-fed babies, young women of high color and full lips, and flabby individuals with an unhealthy and dusky appearance usually secrete large quantities of mucus (much of which is swallowed), and are usually victims of post-anesthetic vomiting.

Patients with chronic naso-pharyngeal catarrh and those of the so-called "bilious habit" are especially liable to after vomiting also, adults with tubercular glands of the neck or tubercular hip disease seldom escape. But infants, elderly subjects, alcoholics, and muscular young men who have lived hard are particularly free from gastric disturbance following anesthesia.

The vomiting which occurs before consciousness is regained is rather an advantage than a disadvantage; for it clears the air passages of mucus and makes respiration free and easy; it empties the stomach of ether-ladened mucus, which might subsequently irritate that viscus and cause protracted nausea and vomiting. It is the vomiting which comes on after the return of consciousness with which we are concerned. It is this vomiting which so distresses the patient and which may effect unfavorably the success of the operation.

The following is a very good classification of the different types of post anesthetic vomiting: irritative, toxic, neurotic, obstructive and peritonitic.

Irritative vomiting is caused by the direct irritating effect of the anesthetic on the mucosa of the stomach, introduced into it, by the swallowing of ether-ladened mucus during induction and in the process of elimination. Although I believe that in the absence of an idiosyncrasy that the elimination of anesthetics through the stomach will not cause vomiting in a stomach which has not been previously irritated. The best treatment of this condition is preventive, by giving the anesthetic in a manner that will prevent the excessive formation of mucus and reduce the swallowing to a minimum, and by maintaining the anesthesia with the smallest quantity of anesthetic agent and not soaking the patient. The use of nitrous oxide as a preliminary or the administration of the anesthetic agent as a very weak vapor, at first, very gradually increasing its strength will meet the first two requirements. The patient, after the operation, should be placed in bed on the right side with a pillow under the head (keeping the head in the body line), and another at the back. The knees should be well flexed. This position favors drainage, the mucus gravitates into the lower cheek and then out of the lower angle of the mouth, instead of back into the pharynx there to set up the swallowing reflex and be taken into the stomach, which happens

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when the patient is in the dorsal position. This position also gives a free unobstructed airway, which hastens the recovery of the patient. After the patient regains consciousness he should be placed in the Fowler position and allowed water whenever his thirst demands it, not in great quantities, but in moderation. In the presence of this condition gastric lavage with a mildly alkaline solution (large quantity), the withholding of food, nutritive and saline enemas will usually prove efficacious. If great nausea with little vomiting is complained of one-drop doses of nux vomica in teaspoonful of water every ten minutes for one hour will prove helpful.

Toxic vomiting I consider the most frequent of all and I think that in 90 per cent. of the cases in which vomiting begins 2 to 3 hours after consciousness returns, the cause is a toxic condition induced by the anesthetic. It may be due to a simple over dose of the anesthetic agent used; it may be due to an accumulation of toxic substances stored up during anesthesia or it may be due to direct cell injury produced by the anesthetic agent during a long profound anesthesia with a patient who has not been properly prepared or who has been weakened by starvation or disease.

It is not an uncommon sight to see a patient wheeled from the operating room with semidilated pupils, cyanotic skin, weak rapid pulse, and a respiratory apparatus flooded with mucus the whole a perfect picture of ether poisoning, and one cannot by any stretch of imagination term it an anesthesia. These patients lie for hours before regaining consciousness, and one can detect ether in their exhalations for days after. This class of cases would vomit from the effects of a simple overdose, even if other factors were excluded.

One can readily see that if the liver-cells themselves are anesthetized by a long profound anesthesia, they would cease to perform their normal function. The production of glycogen would be stopped and the antitoxic properties of the liver would be reduced or lost. The kidneys do not eliminate their normal amount of solids or liquids during anesthesia. So that there is a storing up of the waste products of metabolism in a body whose resisting powers are greatly weakened or *nil*. Further more chloroform and ether cause hemolysis which renders the subject less able to cope with toxic substances.

Turck found that the direct effect of toxins of chloroform and ether acting on cells, with disturbances of metabolism, produced toxic products, the resulting elaboration of toxins produces symptoms of autointoxication. And with indirect toxic effects resulting from retention of toxic products there is a lessened resistance of the blood serum to normally excreted toxins and to bacterial toxins as well. As a result of atony there is a formation of toxins in the stomach and intestines from bacterial growth.

Usually patients are pretty well starved before operation, causing a deficiency of the carbohydrates or glycogen in the liver-cells which results in an increased destruction of protein material, and this, in turn causes the formation of toxic products. Hunter believes that the absence of glycogen from the liver, by diminishing the combustion processes in that organ, diminishes the antitoxic powers of the liver-cells, so that the starved individual is more easily affected by poisons that the well-fed or glycogen rich person. So, too, an absence of carbohydrate material results in extensive changes in fat metabolism, which results in an increased formation of acid and so tends to the development of acidosis. Rosenfeld and Beddard found that the hepatic cells were poisoned in such a way that their metabolic process are altered to the extent that while they can utilize carbohydrates, they can but imperfectly deal with the proteids, and even less with fats, and therefore, as soon as the cells have used up their glycogen, their hungry condition causes a breaking down of tissue proteid and transference of fat to them, but since neither of these foodstuffs, and especially the fat, is properly utilized, the cells remain in a condition of severe starvation and rapidly die. All of which shows that a condition of auto-intoxication may arise as a result of a prolonged anesthesia during which the normal function of various organs has been held in abeyance. And, further, that as a result of direct cell injury we may have an intoxication of which the vomiting is a symptom.

In the treatment of this condition, pre-

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vention is of far greater importance than active treatment. Patients should not receive debilitating saline cathartics, for these abstract great quantities of fluid from the body, thus placing far more work upon the kidneys and other avenues of excretion. They should receive plenty of water up to the time of operation. For the combination of a saline cathartic and the withholding of water before the operation send the patient to the table with diminished urinary secretion, small pulse, with all the tissues crying out for water, and in the worst possible condition to withstand the shock of the anesthetic and operation, and to eliminate the anesthetic after the operation, increasing the liability to albuminuria and suppression. Instead of fasting 12 to 18 hours they should receive repeated small feedings of barley or rice gruel, well sweetened, up to within two or three hours of the time for operation. For these starchy gruels permit the liver to store up glycogen which is favorable to the recovery of its function, while the animal broths are not only lacking in this respect but they throw an additional burden upon the kidney in the elimination of extractives. It is well when using the gruels to hasten their digestion by using taka-diastase or some such digestant. At the time of operation everything should be avoided that would favor the degenerative action of the anesthetic. The operation, or time under the anesthetic, should be made as short as possible, the preparation of the patient should be finished before anesthesia is established. Careful hemostasis, prevention of chilling, shock and unnecessary viscera should all receive attention. The anesthesia should be as light as possible, even, and maintained with the smallest possible quantity of anesthetic agent. After the operation the patient should be placed in a warm bed (in the position described) and well covered. A saline enema by the drop method should be started immediately. He should be given water when over thirst is complained of. If vomiting occurs it is best treated by gastric lavage with an alkaline solution, opening all avenues of excretion and the administration of glucose and sodium bicarbonate. Some recommend that for one hour the patient should inhale pure oxygen. They think the benefit is due to oxidation of the ether converting it into carbon dioxide and water. Neither of which cause vomiting. As to the end products of chloroform nothing is offered. I believe the administration of oxygen is a decided aid.

The neurotic form of vomiting is relieved by the exhibition of sedatives, such as bromides and morphine, and by suggestion. The obstructive and peritonitic types belong to the surgeon and I will not consider them further than to say that, I think the vomiting due to gas distention should be classed as obstructive.

I wish to emphasize this fact, that so long as we direct our efforts in the search for a panacea to administer after operation, failure is bound to result; not until we have perfected our technique of preparation, administration, care on the table and after-care will we cure this distressing condition.

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THE EFFECT OF ALCOHOL UPON THE MIND.

By Z. G. Jones, M.D.

The psychological derangements caused by alcohol vary from mere forms of folly to severe types of insanity.

The peculiar traits of the individual are usually brought out in an exaggerated form, but not always are the natural instincts the most predominant symptoms; frequently the person will have hallucinations quite foreign to his particular temperament. An intoxicated person cannot concentrate his mind upon any particular subject and in discourse cannot consider any but the minor points of the subject; even the minor points are not dealt with intelligently. I have seen patients while under the influence of liquor attempt to converse upon a subject and their sentences were so crossed and mixed that it was utterly impossible to grasp their meaning. I saw a man while undergoing an attack of acute alcoholism enter a store and introduce himself in a manner like this: "I am the prettiest man in the world." He persisted in engaging in a conversation, and attempted to tell about his father living in Philadelphia, but sud-

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denly changed the subject, and told of a trip he, himself, had taken to Omaha when a boy. Again, he changed the subject, and a black eye, which he had received, was the topic; he did not explain about the black eye, but it was known that during a former debauch he assaulted his daughter, and as a result spent several days at home, as his vision was obstructed to such an extent (at the hands of the daughter) that he could not walk around with safety and ease. Again, he wandered and said, "Yes, they sent him to jail through malice," referring to his son who was sent to prison for refusing to work poll tax. Then he flattered himself as being the prettiest man in the world, and started home.

Ofttimes a person will say that his mental faculties are more acute when he is slightly intoxicated, but if so it is only in perception; the intellect is blurred. He may interpret a serious matter as a joke, and *vice versa*. I know of a case in which a young man of high character was told by a bystander that he was not "game" to marry a certain woman, and not being able to interpret the seriousness of the affair, and not wishing to be outdone, proposed to the woman in question, who bore a notorious name, and the marriage was consummated before the unfortunate man regained sufficient intellect to realize the step he was taking. When a man becomes accustomed to liquor his power of resistance is weakened and he cannot say no, when his appetite calls for the stimulant; therefore, he satisfies his thirst and as a result becomes intoxicated. An intoxicated person has lost his dignity and morality, and seeks degrading associates and ungentlemanly practices. How ashamed a man of high social standing is when his attention is drawn to his actions during a former debauch! Gambling is usually carried on under the influence of liquor; and seventy-five per cent. of murders are committed by persons more or less intoxicated; ninety per cent. of venereal diseases are contracted during a debauch; and I might say that seventy-five per cent. of divorces are traceable to liquor, either directly or indirectly.

Delirium tremens is a form of mania, and is, almost invariably, due to drinking. The mind, during one of these attacks, is in a roaring or wandering condition, and the patient usually suffers agony until the mind is put to rest.* I saw a man who noticed a calendar picture on the wall and thought it was a real person and a bitter enemy, and in a panting, moaning voice he muttered: "If I do not guard myself he will spring onto me and murder me." In this fearful condition he lay (under restraint) until relieved by heroic treatment. Some patients in this condition hear noises, see reptiles, water, animals running, dancing, etc.

Alcoholic convulsions simulate delirium tremens in some respects, but usually the hallucinations in the latter condition are more pronounced and alarming, but in convulsions, due to drink, the patient is frequently unconscious; the usual symptoms of this condition, however, are like epilepsy. A case of this kind, which came under my observation recently, was accompanied by a doctor who gave a history of convulsive movements for at least twenty-four hours preceding, during which time the doctor had endeavored to give relief by hypodermics of morphine, but without success. When I first saw him he was in a semiconscious condition with continuous convulsive movements and an occasional severe contracture and profound rigidity; also spasm of the cut-off muscle and retention.

Dipsomania is an uncontrollable desire for drink, sometimes spoken of as "An uncontrollable desire, or madness for liquor." These patients have a peculiar condition of mind, and there exists a predisposition to demonstrate some particular instinct, as if he is naturally inclined to be vicious he may, after having acquired an appetite for liquor, visit a person living alone or helpless, and murder them for the sake of a few cents with which to get a drink; if he is inclined to be a thief he will obtain money through robbery, that his craving may be relieved. A dipsomaniac is not made by drink, but he is a dipsomaniac before, and his liquor habit merely weakened his resistance and allowed his traits to leak out. As explained in the first of this paper, the action of alcohol is to bring out

* Delirium tremens is a term usually applied to a nervous condition brought on by excessive use or rapid withdrawal of liquor, but technically the term has a broader meaning. I have seen patients with symptoms identical with those of delirium tremens after taking an anesthetic, large doses of morphine, cocaine, etc.

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the natural instincts of a person who uses it, and in an exaggerated form.

Liquor drinking is of two kinds, regular and periodical; the regular form is where the person uses more or less each day, or where he has accustomed his nervous system to performing its duties under the influence of liquor, for such a time, that the chemical composition of the nerve-cells has undergone a reconstruction, and alcohol becomes a necessary constituent the same as food. The periodical form is somewhat different, in that the nerves can perform their duties except at certain times, which is usually during anxiety, of some particular nervous nature. A person may lead a sober life for several months, and when there is a death in his family, or misfortune of whatever nature, or extreme good luck his nerves are placed in such a strain that narcotics are resorted to for relief. Another form of periodic debauchery is menstrual drunkenness, in which the woman will become intoxicated at the menstrual periods, and will subject herself to most unbecoming practices in order to satisfy her desire. Cases of menstrual drunkenness are usually found among the women and girls who suffer from dysmenorrhea.

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OUTRAGED MEXICO.

By Robert Gray, M.D.

Yellow journals and magazines of advertising objectiveness, suck their vitality from the influence of sensation and scandal, regardless of private or public repute maligned; but when a staid and conservative medical journal joins in the chorus of vituperation what are we to think or say?

As to the slavery feature there is no sale of beings in a human shape, save that of girls sometimes, made by parents, and of peons by themselves by running recklessly into debt beyond any paying possibility. And the peon law of Mexico should be the plantation law in the United States. Any peon wishing to change employers has no trouble to get a legal order to his employer to liquidate him; but the new employer must pay what he owes the old one to secure the transfer. Any peon may secure franchise by becoming a freeholder; and men who are not peons and are not freeholders are not franchised. There is no sham nor deceit barnacled to the peon problem, as there is to that of your enfranchised negroes, who cannot exercise what has been politically thrust upon them, and hence are in more deplorable bondage than the Mexican peon, who gets his food and monthly, pay, and takes the liberty of getting drunk and carving up his companions with the machete, ever striving to increase his indebtedness with no remote purpose or dream of paying any part. The peon has never been duped. He gets all he has any right to expect, and often very much more than he deserves, as a good American farm hand will do the work of five Mexican peons.

There is no place for sentiment in the peon problem of Mexico. It is a condition as old as the race whence it sprang. It is here, nor might nor piety has any power to change it.

As to the Yaqui Indians, they are yet more good than were the American Comanchees, when dead. The hue and cry about them is due to the rigorous persecution the government was forced to institute in a forlorn struggle to protect American interests and life ever alarmingly in jeopardy at Yaqui hands, which might be peacefully bloodless but for American encroachments into their territory, in quest of gold, silver and copper—an ungrateful sacrifice of thousands of Mexican soldiers. The Yaqui solution is extermination, as the breach between them and the government is irreparable; and their savage slaughter of Americans and their military protectors will never be abandoned while they live. The government campaigns were long too moderate and emboldened the sanguinary fiends. I employ such unsparing epithets because personally familiar with some of their ferocious massacres.

As to social depravity, there are probably a thousand freeholder families in the radius of my field of practice, a large percentage of which are known to me to a degree to be deemed fairly comparable with the same number of average American families. Many men had families by peon girls before they married. Yet who knows better than doctors that there has never been

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much bubbling over of saintly element going to waste among American young men, whose vices not seldom dipped into lower dives than the Mexican Lotharios indulged, their mistresses usually being true to them, the bastard children frequently being taken home and cared for by the wife after marriage.

You people have a white slave scandal, engrossing both judicial and legislative attention, that should provoke more intense popular interest than any irregularities that may be diverting native Mexicans, that really are none of your business.

The Mexican government is one of stern and pressing necessity, a strong, stable authority, whose achievements have never been remotely approximated in the life time of any ruler in all history or fabled legendary story.

When the Mexican president took up the reins no one of his predecessors had been able to hold successfully much length of time, the country was a wreck of revolutionary ruin, with but a few leagues of railway, no factories, no agriculture, no industries, with bandits infesting the highways and byways everywhere.

He managed to nip brooding revolutions in the bud, clear the lines of travel and traffic of highwaymen, protect industry and enterprise and establish confidence, that has built thousands of leagues of railways, more than a thousand factories, developed agriculture, mining and commerce to a degree that Mexico is the most prosperous country on earth, and has a future so replete with promise that imagination recoils from the contemplation of the prospective reality.

No other government and no other pilot at the helm of the ship of State through such a stormy voyage would ever have landed Mexico so propitiously enviable.

It has been the government, American and other foreign interests required, and that they persistently demand shall be continued.

I do not know for my own part, that any government exists, except when the receipt for my license to practice medicine is presented for payment every two months, or when I am called to treat wounds or perform autopsies in criminal cases.

There may be better governments than that of Mexico, but they are not fabricated in the United States; and it is fortunate that Mexico has a government less radically republican than that of the United States, where there is more jobbery, fraud and crime in a day than Mexico has in a year. There are some feuds in Mexico, but Kentucky alone can discount the whole country here in that line. Men kill one another here in drunken broils or women questions; but comparatively less frequently than in New York, Chicago or any rural district. There are no lynchings here, and the crime, for which such vengence is wreaked in the United States, is so rarely committed here that in six years there has not been a case in the courts of this department of more than 50,000 souls. Two prominent men have been killed in a year for the seduction of sisters-in-law.

There is a liberal and extensive school system; and attendance and study are compulsory; and even the peon tots learn quite readily.

There is no country in the world where the very poor and servile have the same opportunity to redeem themselves as here; and not one in ten thousand attempts to utilize such advantage. All the big plantation owners give their peons land to till and permit them to raise hogs and chickens. Brush is cut down, ground burnt over when dry, holes made with a sharp stick and five grains of corn dropped into each hole and left uncovered, the logs and poles remaining on the ground, requiring no fence, never touched with plow or hoe; yet so extreme is production that 200 bushels to the acre is no unusual crop, worth a dollar silver per bushel when very cheap.

The climate is so genial that all my clothing is cotton drill, and I own no undershirt nor overcoat; yet when moderately employed I pass a hundred sleepless nights a year; and you all know that I am an old man in the popular measure of years.

I have turned away weeping and gone to my office ashamed that I was an American, at the anniversary celebration of the slaughter of the intrepid young Mexican Cadets, in their heroic defense of Chepultepec, September 8, 1847, when I heard the cupidity of my countrymen denounced in burning eloquence, as the forceful despoilers of Mexico, while she was yet in the

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swaddling clothes of infancy, quitting her of territory ample to form an empire.

And now, when the white dove of peace hovers over her flowery and fruitful hills and vales, and the genius of prosperity is prolifically abroad in the land, there comes along ignorant or malicious defamers, enjoying the open-handed hospitality of the people they attempt to outrage by innuendos and perverted truth, striving to ferment strife to make a flimsy cloak of justification for appropriating what remains of Mexico, as a war indemnity, clearly the sinister object of the sensational publications that are a disgrace to American journalism, that should be spurned and silenced by the united influence of every champion of liberty and justice in free America.

Pichucalco, Chiapas, Mexico.

THE MORE IMPORTANT POINTS IN PATHOLOGY OF NEOPLASMS.

By Percy R. Crane, M.D.

Directing Pathologist Practitioner's Laboratory, Associate Physician to Samaritan Hospital.

The time of busy practitioners is mostly occupied in the actual diagnosis and treatment of his cases. But to obtain the most intelligent understanding of a diseased process it is necessary to know the pathological changes both macro- and microscopically.

In some medical literature some time ago I came across a very trite illustration of the contrast between the microscopic, pathologic appearances of sarcomata and carcinomata. I think the example can easily be carried still further and it serves to graphically illustrate the real nature of the conditions.

Carcinoma is illustrated by means of a sponge within the pores of which are grains of sand. The sponge itself represents the fibrous network or stroma within which the blood-vessels ramify. The cavities represent the alveoli and the grains of sand the epithelial cells which are about five times the size of a red blood-corpuscle. It is thus seen that the stroma does not penetrate between the individual cells and as the cells of carcinoma are separated from the blood-vessels, it explains the fact that vascular metastasis is not common. On the other hand the lymphatic vessels opening into the alveoli can easily transmit the growth and cause early involvement of the lymphatic glands.

In like manner sarcoma may be compared to a piece of cloth, the meshes of which contain sand. If we consider that each mesh contains one grain of sand we note that in sarcomatous growths the stroma penetrates between the individual cells and also that there are no large cavities or alveoli. The blood-vessels not having the large amount of fibrous tissue to run through, as in carcinoma must be contained in the delicate reticulum mentioned. Thus to accommodate themselves in their narrow quarters they lose their outer and middle coat and they come into intimate relationship with the cells. This explains the frequent occurrence of hemorrhage inside a sarcomatous tumor. The sarcoma cells which may be small and round, slightly larger than a leucocyte, spindle-shaped, or comparatively larger as giant cells, coming into such close contact with the thin vessel walls explains the ease by which metastasis may take place by the blood before the lymph glands are involved. And as the lungs are the first organs to be reached by the blood, metastatic deposits are most frequent in them.

It is easily understood that the more vascular the tumor the more malignant it is, mainly owing to increased rapidity of growth from the better nutrition and to the ease with which metastasis may take place. Thus the soft or encephaloid cancer is much more malignant than the hard or scirrhus, the latter of which contains a larger amount of stroma which crowds away the cells and blood-vessels, perhaps nearly obliterating the alveoli. The contraction of this connective tissue causes puckering of the skin and finally ulceration from cutting off the blood-supply.

Malignancy in vascular sarcomata may not be demonstrated if they are encapsulated. The capsule might be compared to the selvage of the cloth. Encapsulation, however, only takes place occasionally as the growths are usually diffuse and easily penetrate the surrounding tissues.

If we carry our sponge and cloth illustration still further, we might aptly say that scirrhus carcinoma, having a large

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amount of connective-tissue stroma would occur in later life just as many diseased organs show an overgrowth of connective tissue as the years advance. In fact, the sarcomas and encephaloid carcinomas do usually occur in younger people—sometimes these two growths may clinically greatly resemble each other, especially if the sarcoma is of the small round cell variety. The reason that sarcoma occurs in younger people is that the tumor is composed of immature connective tissue, *i.e.*, embryonic connective tissue that has not gone on to form bone, cartilage, fibrous tissue, etc., and, therefore, it would occur in tissues that are developing.

And now, if you will pardon me for stretching the illustration still further, let me say that just as a sponge is used by some people, more than a cloth on the surface of the body, so does carcinoma occur most frequently on the surface. But in regard to carcinoma we must consider the alimentary canal as part of the surface and the accessory digestive organs as diverticula, as the body can aptly be likened to a tube. Thus carcinoma occurs most frequently in the mammary gland, stomach, liver, etc., while sarcoma, on the other hand, attacks the bones, internal fibrous tissue, the genital organs, as the testicle, ovary, etc.

Intestinal carcinoma presents cells of the columnar variety and microscopically may closely resemble adenoma. In the latter, however, the glands show a typical structure—cells, basement membrane, etc.

Differentiation of most of the other varieties of tumors, microscopically, is not difficult when we remember that their structure is similar to the elements composing one of the different varieties of 1, connective tissue, as fibrous connective tissue, adipose tissue, cartilage bone, mucous tissue and nervous tissue; 2, the higher tissues as muscle, nerve, vessels and lymphatics, and 3, epithelial tissue. I will mention just a few points about some of the more important of these tumors.

Fibromata consist of fibrous connective tissue with a few yellow elastic fibers and a few cells. Usually they have but few blood-vessels. They are hard, smooth growths and are encapsulated. Soft forms occur, however, and present a larger number of cells in proportion to the amount of connective tissue. The nasal polyp is a good example of a soft fibroma. Uterine fibroids are really fibro-myomata.

Lipomata or fat tumors consist simply of fat vesicles bound together by vascular connective tissue and usually surrounded by a capsule of connective tissue. These soft, flat, lobulated growths are easily diagnosed and occur most commonly on the neck, back, upper arm and leg.

Osteomata may originate in bone, its accessory cartilage, or from the ossification of cartilaginous tumors. They are very hard growths. They show lacunæ, Haversian canals and canaliculi and are either compact or cancellous (spongy). The compact variety is usually found in the cranium and differs from the other in the absence of the Haversian canals. Osteomata are found most commonly as are enchondromata in connection with the phalanges of the fingers and toes. Enchondromata, however, are elastic and the diagnosis may easily be made by endeavoring to push a needle into the mass. Both tumors may be smooth or lobulated, are usually small and single though sometimes multiple. Enchondromata rarely originates from cartilage but are usually developed from bone or connective tissue. Microscopically they resemble very closely the varieties of cartilage, and consist of cells enclosed within a matrix varying from a hyaline to a fibrous character.

Myomata either consist of non-striated muscle fibers with a small amount of connective tissue or of striated fibers. These tumors are firm, encapsulated masses and occur most commonly in the uterus, prostate and digestive tube.

Adenomata consist of the tissue composing the different varieties of glands—simple or compounds tubular and racemose. The former occur usually in the mucous membrane and the latter in the mammary gland. They are encapsulated and are of firm consistence.

There is very much more that could be said about tumors but my object has been to simply present some of the more important points in a somewhat different way.

618 46th Street, Brooklyn, N. Y.

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THE SIGNIFICANCE OF LEUCORRHEA.*

By Augustin H. Goelet, M.D.

The neglect of leucorrhea is a grave and unfortunately a common error, that is unpardonable because it involves the health, happiness and often the life of the patient. The character and source of a vaginal discharge should always be investigated by the physician who encounters it and the patient should never be dismissed with a prescription for a vaginal wash to be used unintelligently and indifferently because the true significance of the discharge is not appreciated.

Education of patients to an appreciation of the possible significance of leucorrhea in *childhood before puberty; in young women before marriage; in married women; and in women past the menopause* is particularly insisted upon.

The danger to the woman in after-life of disregarding or neglecting a vulvo-vaginitis of childhood that may be derived from infection of a serious character is forcibly emphasized, as is also the necessity of investigating the leucorrhea of young girls after puberty and before marriage. These latter are the cases most often neglected because of false modesty on the part of both the mother and daughter, shared only too often by the physician. It too often happens that the unsuspecting mother and physician permit neglect of a vulvo-vaginitis of gonorrheal origin because a proper examination is not insisted upon.

The leucorrhea of recently married women, as is pointed out, is often the result of infection from the husband who has gleet or chronic prostatitis at the time of marriage, and if it is neglected may lead to serious consequences. It is unfortunate that leucorrhea of married women is so often regarded only as a necessary inconvenience. Its possible character and the probable outcome if disregarded should be impressed upon every woman.

The danger to the young wife is so great that special examination of the prospective husband who has once had gonorrhea should always be insisted upon before marriage is consented to.

Vaginal discharge in women past the menopause is often disregarded because of the popular belief that women at this period of life are exempt from disease of the generative apparatus.

The most frequent causes of vaginal discharge at this period are senile endometritis and cancer of the uterus. Both of these conditions are important; senile endometritis because it leads to constant ill health or chronic invalidism and premature aging; and cancer because it endangers the life of the patient. *Hence at no period of a woman's life is investigation of a vaginal discharge more important than after the menopause.*

It is unfortunate that the term leucorrhea is so indiscriminately used to designate any and all forms of discharge from the female genitalia. It is so frequently given as a symptom by the patient who consults the physician that it has come to be regarded as natural, and its actual character is seldom noted.

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* From a paper presented by invitation at the Richmond meeting of the Tri-State Medical Association of the Carolinas; February 15 to 17, 1910. To appear in the Medical Record.

SPRING AND SUMMER REMEDIES.

By George L. Servoss, M.D.

The time of green fruits and vegetables, cold drinks and foods, along with tainted milk and meat is rapidly approaching, and the doctor who is wise will be prepared to cope with conditions which usually follow in the wake of such diet as is common during the late spring, summer and early fall months.

With the advent of spring, and long before things green in nature, are in season, we find the markets filled with all sorts of new vegetables and man is very prone to eat more than is necessary of this sort of food. In consequence of this irritations are set up along the alimentary canal, which, if not recognized and overcome properly, may result disastrously, in that they may be followed by subacute or chronic troubles.

The hiss of the soda fountain is likewise heard the morning of the first warm spring day, and he who patronizes this artificial cooler of the human economy may live to

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see another day, but not infrequently does he insult his alimentary canal and its functions by the overingestion of too much cold, too much sweet and too much fat. The fat of the ice.cream is rendered slow of digestion by the cold of both the cream and water and the syrup is very liable to fermentation because of interference of the functions following the chilling of the stomach and bowels.

Not only are the functions interfered with by the taking of cold soft drinks, but by those of an alcoholic nature. Bock beer is the early spring tipple of the frequenter of the saloon. This beer is rich in both alcohol and sugar. The first interferes with all of the functions of the body and the latter, because of this does not go through the proper course of digestion. Following bock beer the lighter beers become popular and large quantities are ingested by the alcoholic devotee. Not only beer, but all sorts of cold alcoholic drinks are popular during the heated term. The use and abuse of alcohol has been discussed at such length that it is not necessary to give it more than passing mention at this time. It is a known fact that alcohol is a poisonous stimulant, and it not only interferes with the normal functions, but, in addition, when included in a probable cooling beverage, raises the blood-pressure temporarily, and instead of having a cooling influence, has a reverse action primarily, although secondarily there may be a fall of the blood-pressure to below normal, with more or less marked depression. Consequently alcohol should be included among the prohibited summer beverages, in fact, from the year-round drinks.

Not only does the diet have its influence in the formation of pathologic conditions during the heated term, but thermic influences are etiologic factors and must be considered. These, however, are not of great importance if proper attention is given hygiene, both internally and externally. If a man is careful regarding his food and drink, takes sufficient exercise to enable him to take up and assimilate what he has eaten, he need have little fear regarding the action of any change in climate, or temperature.

The majority of pathologic conditions with which we have to contend during the hot months are of either gastric or enteric nature and it is to the alimentary canal that our attention is directed in 90 per cent. of our cases.

In order to meet and cope with summer troubles the doctor should always bear in mind that the "clean out, clean up and keep clean" idea is one of paramount importance. Among the agents to obtain such conditions calomel is undoubtedly of greater value than are all other remedies in the initial clearing out of the alimentary canal. Combined with podophyllin, 1/6 grain of each every half hour until six doses have been given will do wonders in restoring function to the bowel. If there is an apparent lack of bile flow, bilein may be given in addition to the above mentioned agent. The dose of bilein in this connection is 1/8 grain. Bilein not only supplies the lack of the normal flow of bile, but at the same time stimulates the liver to action. Emetine is another hepatic stimulant that is very effective, especially so in dysenteric condition, in which cases it gives all of the actions obtained from the whole drug ipecac. In the cleaning out of the alimentary canal after the functions have been aroused through employment of the above mentioned remedies, the salines are very effective. I prefer the saline laxative (Abbott), which contains 60 per cent. of c.p. magnesium sulphate in effervescent combination. This should be given to full effect, or until the bowel is completely emptied. The dose is from one to two drams, and is given from two to four hours after the last dose of the hepatic stimulants and at intervals of from one-half to one hour, to effect.

Having cleared the bowel completely steps should be taken to clean it up and keep it clean. The remedy par excellence to obtain such cleanliness and retain it, is the sulphocarbolate. Either of the sulphocarbolate salts may be administered alone, depending upon the conditions encountered. If there is a pronounced diarrhea, the zinc salt is the preferable one to exhibit. It not only acts as an intestinal antiseptic, but in addition has an astringent action. When simple antisepsis is the only thing required the sodium salt will frequently give the required reaction, but when it is desirable to build up the tissues

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in addition to cleaning up the alimentary tract, the calcium salt is indicated. I have found that the combined salts to which are added bismuth salicylate and menthol in small quantities give remarkably good results in the majority of cases peculiar to the summer months. If the c.p. sulphocarbolates are employed, little, if any, untoward action need be anticipated, and the doctor should always insist that he be supplied with only absolutely pure salts. I have employed about every intestinal antiseptic which has been offered, and it has been my experience that the c.p. sulphocarbolates are more effective than are any of the others employed. In selected cases copper arsenite is an admirable intestinal antiseptic, especially so in the cholera infantum of the bottle-fed babies, in which cases it seems to act almost as a specific.

In case there is general toxemia, due to absorption of toxins from the bowel, it has been my experience in numerous cases, that the sodium and xanthoxylin compound, known as sodoxylin gives good results. It is indicated in all cases where we find indican or hyperacidity of the urine present. This agent is indicated in many of the specific diseases, not only of summer, but all times of the year, which diseases are augmented by the general toxemic conditions. Sodoxylin is composed of sodium sulphocarbolate grains 2½, sodium sulphate grains 5, sodium bicarbonate grains 20, colchicine grain 1/600, juglandin grain 1/8, xanthoxylin grain 1/8, with aromatics and adjuvants q.s. to make 60 grains. This remedy is also effective in hyperacidity of the stomach, and meets many indications for alkaline treatment.

Among the analgesics and antispasmodics hyoscine and hyoscyamine are indicated wherever morphine or other opium derivatives have been heretofore employed and are superior in every way to the latter. Atropine should always be at hand, likewise glonoin and strychnine to be employed in instances of great prostration or collapse. A combination of glonoin, strychnine arsenate and hyoscyamine is a very useful antispasmodic. The infant anodyne, suggested by Waugh should be at hand at all times, and although originally intended for application to infants it will be found a reliable remedy for all ages. The calmative for children suggested by Candler is another agent which the doctor should never be without, as it is particularly useful in the cramps, colics and other painful spasms, and for the convulsions of infancy.

In addition to the above-mentioned remedies the following will be found applicable in the many diseases of the summer months. Apomorphine to remove the stomach contents quickly in cases of acute indigestion, accompanied by an overloaded stomach. Colchicine will be found available when there is sluggish liver action, with interference with the portal circulation and faulty elimination, it being one of our most reliable agents in such conditions. Among the laxatives and cathartics aloin, cascarin, colocynthin, elatrin, euonymin, iridin, jalapin, juglandin, leptandrin, physostigmine, and rhein are applicable as indicated. Winter or summer the doctor should never be without aconitine and veratrine, either alone or in the dosimetric triad or defervescent compound, as these are the best antipyretics obtainable. Calcium sulphide will be found of avail in many of the summer troubles, more especially those of an infective character, and if pushed to full effect will do much to overcome the action of the infective etiological factor. The arsenates of iron, quinine and strychnine form admirable tonics during the convalescent stage and nuclein may be added with good effect, especially when there are errors of nutrition. Nuclein will be found a valuable adjunct to other treatment during the acute stages of most summer diseases and is indicated especially in typhoid fever where we invariably find a lack of leucocytosis. Papayotin will be found to be a very useful digestive agent, being preferable to the animal digestants, in that it is active in all mediums, be they acid or alkaline. This remedy may be employed alone, or in combination with gastric and intestinal tonics. As an adjuvant to the digestive functions, especially the gastric, quassin is very valuable and is indicated in numerous gastric affections and wherever there is lack of appetite. It is also recommended as useful in overcoming the increased thirst so peculiar to the heated term. Codeine is probably the best of the opium derivatives, but hyoscyamine give as good results and without the bad

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features so peculiar to all of the opium narcotics. Gelseminine will be found to be a very valuable remedy to have at hand and is applicable in cerebral inflammations and congestions and should be valuable in cases of insolation.

Provided with the above-mentioned remedies, the doctor will find that he will be able to meet all of the indications of the cases coming under his notice during the heated term. If he will study these remedies carefully as to their actions and the symptoms to which they are applicable, he will soon find that he will be able to obtain happy terminations in the majority of his cases.

In concluding this article let me advise every doctor to study thoroughly, the "clean out, clean up and keep clean" idea, as it is of greater importance in the cases met with at this particular time of the year than at any other, and if followed closely and practiced thoroughly the practitioner will find that he will obtain better results from his specific remedies. If an endeavor is made to overcome diseased conditions without first cleaning out the alimentary canal, it will be found that there will be a repetition of the symptoms later on, and that in the majority of instances these will be of a more terrific character than if all decomposing or putrefactive matter is removed from the alimentary tract. With a thorough cleaning out of that canal all opportunity for infection from that source is removed and the remedies given thereafter are not liable to inhibitive action of stored-up toxins. In many instances it will be found that improvement follows such toilet and that other procedure becomes unnecessary. The subject of cleanliness of the alimentary canal is one worthy of serious consideration and of greater discussion than is allowable at this time, and is mentioned in connection with summer diseases to call attention to its great importance as a synergist in connection with specific treatment of such pathologic conditions.

Fairview, Nevada.

Salol is excellent in catarrh of the gastro-intestinal tract and of the bile ducts and gall-bladder, and is given to advantage in jaundice from this cause.

SUGGESTION IN MEDICINE.

By J. R. Etter, M.D.

In writing a paper on suggestion in medicine, one must of necessity dwell on the border line of psychology; in fact, the two are inseparable so far as the physician is concerned. If suggestion is to be considered as a remedial agent, it can only be such when it takes hold of the mind of the patient in such a manner as to have an effect on the nervous system. I do not think I will be challenged when I say that the nervous system presides over the functionating of the body. Why it is supreme in this respect, physiologists cannot, and psychologists have not, told us. Vivisection has discovered to us that when certain nerves are severed the organ supplied by such nerves loses, or changes, its functional activity. As a rule the functional activity of the organ is disturbed in proportion to the disturbance of the nervous supply.

At the present time physiologists almost unanimously agree that there are certain zones in the brain which preside over certain nerve distribution in the body. So it is, that when a group of muscles are paralyzed we very readily locate the trouble in a certain part of the brain or spinal cord. Again we are prone to base our prognosis on the degree of paralysis. If the paralysis be complete, we are prone to give a more guarded prognosis than if it is only partial. In the administration of medicine, the dose is largely regulated by the lack of activity of the organ at fault. If functional activity be but little disturbed we give more mild remedies; but, if the condition is grave, we do not hesitate to attack with more powerful agents. It is well known that joy, anger, or fear, has much to do with the heart's action, with digestion, with the menstrual flow, with the activity of the kidneys and in many other bodily functions. It is now accepted by the courts that temporary insanity may be caused by anger or fear. If these things be so, is it not possible that any impression on the brain may not change the functions of any of the organs?

Can or does the attitude of the physician have anything to do with the effect of the remedies exhibited, is the question. Herein lies the whole argument as to suggestion.

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Suggestion does not consist of a mere string of words, but it is the manner in which the words are spoken; the object which is to be attained is to be the director. If you want sleep you must give a remedy with the positive assurance that it will cause sleep. The suggestion, if you have the confidence of your patient, will do as much as the remedy. The great trouble is to know whether you have the full confidence of the patient or not. You may think you have, but at the same time, they may be thinking of changing from you to another doctor. In such a case your suggestion will be of little avail. It is in those mistaken cases of confidence that you will decide there is nothing in suggestion. Suggestion can only carry weight when it takes hold on the brain of the patient with sufficient force to cause a change in the nervous equilibrium. If the nervous tension is keyed up too high, as in grief or fear, then suggestion that will relieve or dispel the grief or fear will restore the patient to a normal, or nearly normal, condition—just in proportion to the confidence the patient has in the suggestion and the suggestor. If the suggestion is in line with the patient's desires, and the patient has confidence in the suggestor, the symptoms will at once abate and often the balance will swing to the other extreme. This is notable in cases where a person hears of the sudden death of a near relative or dear friend, when they may swoon away into apparent unconsciousness, but on being assured that the report is false, they will suddenly arouse and often pass into a state of exhilaration bordering on insanity, or as we generally term it—hysteria.

Suggestion to be of any good must be in the nature of a positive declaration, that is, it must carry conviction to the person sought to be influenced. If Mr. Smith, noted as an honorable and truthful man, rushes over to the Jones household and announces that the father, mother, sister or a brother has been suddenly killed, consternation will reign in that household. Some will faint away, some will go into hysterics, some will stand in apparent stolid indifference, while some will calmly inquire as to the details, or cause of death. Thus it will be seen that the same suggestion to a number of persons will have vastly different effects. On this principle is founded the whole beneficial results of suggestion. The physician must know his patient. We must be able to read human nature aright. One you may scare by your suggestions into a careful observance of your instructions; another you may cajole by your flattery of their intelligence; while another you may gain their entire co-operation by drastic means. Whatever form your suggestion takes, it must go from you in a positive manner. It is a well-known fact that the lower animals know when you scold them in real earnest or just in fun. You cannot just pretend anger, without your adversary discovering your deceit. There is a nerve of the same life running through the whole animal creation, which makes them akin. The main reason why the suggestion of the physician has weight with the patient is, that since the days of the Hippocrates Oath, his profession has been considered one of the most honorable. He has been the custodian of more family secrets than all others combined, and how few times have they been betrayed. Even to-day, the only profession or calling that is working against its financial interests is the medical. Every day sees some meeting or gathering of physicians for the purpose of preventing disease, checking epidemics, jugulating or cutting short the diseases that are prevalent. In a case decided in the circuit court at Princeton, Indiana, this week, a man was fined for practicing suggestive therapeutics on the grounds that he was practicing medicine without a license. He was prosecuted by the medical society of that county, so it may be inferred that suggestion is a part of the practice of medicine. This is quite a step upward, as a few years ago a paper on suggestive therapeutics would have been sneered at by many medical societies. The medical profession is much like a ponderous weight—it moves slowly. In the case cited above, the defendant C. O. Buis, was practicing suggestive therapeutics through the medium of hypnosis. A few years ago the writer of this article demonstrated the effects of hypnosis before the medical society of this county, but there was no interest manifested in the subject, by the members. Now within five years thereafter a medical society has prosecuted to final judgment, a man for using hypnosis on the grounds that it is practicing medi-

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cine. I hope we will catch up with the procession after awhile, and not be afraid to investigate anything that claims to be for the benefit of humanity.

Hypnosis is but a means of impressing suggestion. Doctor Quackenbos, a professor of Columbia University, and a physician of national repute, clearly sets forth the many beneficial results he has attained in this line of work, especially in delinquent children. The most vicious habits have been broken up, and those slow to learn have been vastly improved. Who is it that does not like to be flattered by their superiors, and who is it that will not try to do *better* work, when what they have done is appreciated and praised? All this is but a species of suggestion, and is well known by the business world. In prescribing remedies the first requisite is, that the physician have perfect confidence in himself, and then that he impresses his patient with the certainty of the result desired.

One who is conscious he is right will act in a very different manner to what one that is wavering in his belief will do. You cannot really and truly believe one thing and act another of the opposite without your patient discovering the deception. And in such an instance it is not what you say, but what you act, that affects the patient. The success of an actor on the stage consists in his putting himself, in his mind, in the real position of the character represented; if he cannot do so he is a failure. You will deliver your pocket book to a bandit as quickly if he presents an unloaded revolver to you, as if it were loaded, if you do not know the difference. The patient will act on your suggestion readily if it is delivered in a positive and earnest manner. If we desire the greatest benefit from our remedies we must prescribe them with full confidence on our part, and impress the patient with the certainty of their action.

If you give a remedy, it may be a real remedy or an inert substance, but if you tell the patient just the effect it will have in a certain length of time you can rest assured that such will be the case. I do not say that it is all in suggestion, but that getting the mind fixed on what is coming will aid it to come. If the remedy is *real,* and the proper one for the condition, then the effects will be more profound and lasting. If one has a slight desire to evacuate the bladder, but is in a public meeting or place where he knows that it is impossible to do so, the desire will become almost unbearable, in fact painful.

But if something occurs that fully engages his mind, he will forget all about it, for the time being, and will not think of it for several hours. It is a noted fact, that painful conditions are always worse in the night, and this can be readily explained from the fact that dead stillness reigns—the bustle of the day is over, and there is nothing to detract the patients' mind from their condition—they think and think of themselves. Everybody is wrapped in slumber, and they become an oasis in the great sea of *self,* seeing no beacon light to guide them to a haven of rest. They need the assurance of the "helmsman," that their barque is sailing on the true course. The physician is the helmsman, and how often is he called after the midnight hour. His little remedy, coupled with positive assurance that "all's well," will relieve the patient of hours of anguish. The patient feels that the ship of life is still able to battle with the breakers—they go to sleep. Peaceful rest, the greatest of all balms that can come to humanity, is theirs, and is founded on the "suggestion" of the physician, that "all's well."

More than thirty years ago, John C. Ridpath, then professor in Asbury University at Greencastle, was a victim of suggestion. Knowing the route he would take on his way to college, students were stationed at suitable intervals, with instructions to suggest to him that he was sick. To the first one he said he never felt better in his life, but after meeting two or three, he began to complain that he did not feel well, and before he reached the college, actually turned and went home and to bed. There are two important factors in this incident—one showing the power of proper suggestion, and the other that suggestion to be successful must take hold of the brain power of the individual.

It is thought by many that suggestion only affects weak minds, but nothing is farther from the truth. The more active and cultured the brain is, the more surely will proper suggestions affect it.

Crawfordsville, Ind.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

MEDICAL CHIPS OF PRACTICAL VALUE.

NASO-PHARYNGEAL CATARRH.—First cleanse with peroxide of hydrogen, diluted sufficiently, and then apply the following with spray:

℞ Sodii boro-benzoat,
Fld. ext. hydrastis,
Glycerini .....āā ʒj.
Acidi carbolici .....*m* xx.
Aquæ camphoræ,
Aquæ .....āā ʒvj.

M. Sig.—Use three times per day.—*Canada Lancet.*

MUSTARD PLASTERS.—My use of plasters (mustard) is very similar to that of stupes. I prefer plasters to stupes in cases of acute pleurisy with severe pain, also in neuralgias and in rheumatic conditions; in pleurisy where the pain is severe, a good hot plaster with asclepias, bryonia, etc., is all that is needed; I have found morphine, etc., unnecessary. In intercostal and facial neuralgia plasters have a decided place.—*Ex.*

POST-PARTUM HEMORRHAGE.—Bumm reports excellent results and no ill effects whatever from the application of the Momburg technique in cases of post-partum hemorrhage, consisting of a rubber tube wound two or three times around the waist and drawn tighter until the bleeding stops. The only failure consists in fearing to draw the belt tight enough.

BACKACHE.—When a lady patient complains of a severe backache, give her rhus tox. Ten drops of the specific tincture in four ounces of water will constitute a prescription of sufficient strength. A dose of the mixture will be a teaspoonful every two hours.

CONSTIPATION.—Phenolphthalein is an ideal drug for this condition, on the following grounds: Smallness of dose, insolubility of the salt, certainty of action, freedom from danger, safety to nursing and pregnant women. Dose is from one-half to five grains. Small doses empty the large bowel only; large doses act also on the small bowel.

Tinct. gelsemium, made from the green root, in doses of v to viij gtts., given every fifteen minutes until you get the characteristic effects of the drug—dropping of the eyelids—will cure malarial chills.

ICHTHYOL IN ORCHITIS.—Dr. H. C. De Vighne, of Douglas, Alaska, in Ellingwood's *Therapeutist,* says: "One therapeutic fact not recorded in the books, which I have verified perhaps a hundred times with but very few failures, is the action of a 20 per cent. solution of ichthyol in vaseline in the treatment of orchitis. The ointment is spread evenly on lint and applied daily, supported by a well-padded suspensory. This is practically certain to relieve the pain within a day or two, and to complete the cure within a couple of weeks.

RHINITIS.

For acute rhinitis in its incipient stages, of all the remedies tried by Dr. Sajous, the following has given the best results. In the doctor's words, "It acts like magic":—

℞ Morph. acetat. .....gr. iv.
Bismuth subnit.,
Pulv. talc. .....āā 3j.

M. Ft. chart. No. xxx.

Sig.—Use as a snuff.

Dr. Sajous stated that this would check a very bad cold, or coryza, sometimes with only one sniff of the powder.

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CHRONIC PHARYNGITIS.

Dr. R. M. Niles, of Scranton, Pa., says that treatment should aim to correct errors in hygiene and to prescribe constitutional remedies for existing dyscrasias. The red and yellow iodides of mercury seem, at times, to be beneficial, even in cases presenting no specific history.

Local treatment is of the greatest importance. One must eliminate the etiological factors if possible, or at least mitigate their deleterious effects, and treat the nasal disease which so often coexists with assiduity.

For cleansing purposes I have found nothing superior to my tonsillitis formula:

℞ Potass. bicarb. .....3iv.
Spt. menth. pip.,
Spt. camphoræ .....āā 3ss.
Aq. ferv. .....q.s. ad. ℥iv.

This solution readily removes secretion, even when dry and crusted, exerts a mild alkaline and antiseptic action, induces a cool, cleanly sensation, and is unpleasant neither to taste nor smell. All solutions used in the nose should be warm, those in the throat are frequently more beneficial if hot. The strength of the formula given may be diminished, if desired, by the addition of water.—*Record.*

THE SIGNIFICANCE OF POSTURE IN OBSTETRICS.

This subject is considered in detail by Dr. A. F. King, who lays stress on the following points: As we have created the necessity of ligating the umbilical cord by cutting it with a sharp instrument, so have we created the necessity of manual version (with all its dangers of infection and uterine rupture) by depriving the woman of the natural method of rectification by thigh pressure in the squatting or kneeling posture. So again we find it necessary to apply forceps in hundreds of cases when the head is on the perineum, a necessity artificially created by ourselves, by our having deprived the woman of the power of thigh pressure, by which she could be readily delivered, had we not kept her in the recumbent posture. Again, if pressure of the heel over the great sacrosciatic foramen is nature's method of securing rotation, then the necessities of vaginal manipulation and difficult application of forceps have been artificially created by ourselves, in that, by keeping the woman recumbent, we have deprived her of the mechanical influence of heel pressure in promoting the desired rotation. We find it necessary or desirable to press upon or manipulate the uterus after delivery, in a particular way, to promote its contraction, to expedite delivery of the placenta, and prevent hemorrhage. But observe that we have necessitated this plan artificially by keeping the woman upon her back and taking away her child and consigning it to the nurse. Had the conventions of civilization and of modern obstetrics not interfered, the natural mother would have cared for her newborn child in the natural way. See then what would happen: The mother, if recumbent, would rise to a sitting, kneeling, or possibly standing posture; she would lean forward and take the child in her arms, and with maternal affection fold it to her bosom. The unbroken cord would be long enough, counting the length of the infant's body from the navel to the mouth, to allow the child to suckle the nipple, which it would immediately proceed to do, thus producing reflex uterine contractions, which would be further strengthened by the pressure of the child's weight and the perpetual motion of its feet, upon the fundus uteri. The uterus would also receive additional pressure upon the fundus, from the weight of the abdominal organs pushed down upon it by the woman leaning forward, and thus lessening the space between her diaphragm and pelvis. In prehistoric times, this was the method—the natural method—by which uterine contraction, placental expulsion, and the prevention of hemorrhage were secured.—*Medical Record.*

BED-WETTING.

This nasty habit, nocturnal enuresis, is quite common and not infrequently is prolonged into adolescence. After all the prophylactic measures in the way of eating, drinking, habits, etc., have been looked after as well as possible the parent should try suggestion. Talk to the child and get his conscious attention and co-operation just as he is retiring. Before somnolency has come to him talk to the child in a kind

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and helpful manner and continue this even after he has slipped off into oblivion. Hypnotic suggestion has a legitimate place here if it has anywhere in medicine. It is worthy of a trial, coupled of course, with the improvement of any improper hygienic conditions.

But your suggestion may be unavailing or need to be backed up with medicinal treatment. Belladonna is the best drug in this trouble and children tolerate it well. This formula is for a child seven years old:

℞ Potassium bromid .....3v.
Tr. belladonna .....3iv.
Syrup orange peel .....ʒiv.

M. Sig.—A teaspoonful at retiring. The dose may be increased as tolerance is gained. Solutions of atropine sulphate are sometimes employed and may be combined with strychnine. In cases of intractable enuresis of childhood the urethra should be examined and the quality of the urine be ascertained.

ARREST OF PAROXYSMS IN WHOOPING COUGH.

In a recent issue of the *Medical Record* Dr. Albert Abrams, of San Francisco, says: The following simple method has arrested the paroxysms of whooping cough in a number of patients in from 3 to 7 days, and has also succeeded in some cases of laryngismus stridulus.

Place a pleximeter on the spinous process of the seventh cervical vertebra and strike the pleximeter a series of moderate blows with a percussion hammer. The number of blows is of little moment but the blows must be as strong as the child can tolerate without flinching. Some of the mothers accompany the blows with a nursery rhyme or song to interest the child. In the absence of a pleximeter and percussion hammer, a strip of linoleum and a tack hammer will suffice. To avoid cutaneous irritation, cotton may be interposed betwees the linoleum, or pleximeter and the spine. Each seance during the interparoxysmal period should last five minutes thrice daily and the harmless method may be executed by the mother or nurse. I am desirous of collecting reports on this method of treatment; to test the efficiency of the treatment, it would be well to note the number and severity of the paroxysms before and after treatment in each patient.

BRAIN STORM.

Frank Woodbury says that "brain storm" is a phrase familiarly used to describe brief states of mental emotional perturbation without reference to their cause. It is a popular and not a scientific term. Such attacks may be induced by atmospheric and climatic conditions to an extent not usually known or suspected. The presumed proximate causes in such cases are only incidental. The real causes lie deeper. Emotional and confusional conditions may occur in apparently normal persons, but are met with more frequently among the insane. The so-called brain storms will be observed most frequently in persons who are neurasthenic and in a depressed vital condition. They are frequently epileptic or epileptiform. They usually indicate a pathological condition of the body or mind. Violent outbursts of rage or emotion have medical importance and when they are of frequent occurrence should be investigated by a physician skilled in mental disorders. The phrase, brain storm, in medico-legal cases is popularly understood to imply a temporary loss of will power and a diminished responsibility on the part of the individual, which is the very point at issue when the case is brought before the court. The use of figurative and unscientific language by medical witnesses is objectionable, since it tends to influence the minds of the jury unduly in weighing the culpability of the prisoner under trial. Under penalty of being suspected of willingness to "darken counsel by words without wisdom" alienists and other medical experts should avoid ambiguous and unscientific terms of this character and should discourage, both in publications and discussions, the use of the term "brain storm."—*Boston Medical and Surgical Journal-Record.*

PRURITUS.—I often order this compound to be rubbed on pruritic parts, itching eczema, and in eruption fevers. Balsam of peru, combined with subnitrate of bismuth, castor oil and creoline and pure white vaseline, in various proportions.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

SUM OF THE SUMMARY.

Editor Medical Summary:

The keynote of February SUMMARY is Utility. From the opening "Business Talk" to the "Gleanings," from the suggestion of "Blackiston's Newest Books" to the message of the National Chemical Laboratory, there is not a page that does not give the sort of stuff one may use in his practice. For one, I never fail to read every advertisement. If there's anything better that what I have, I like to be the first to know of it. Many a time I have scored off the rest by things this habit has brought me. The other day I heard a man in the barber shop telling the rest that "Dr. Lasher generally managed to keep a little ahead of every other doctor in town."

Talking of business, may be I am like the rest, but I always disliked to make money fast. It is not natural. Grain planted takes labor, time, patience; and there is no real profit equal to what is yielded by the earth. Fast money is apt to go fast. Easy money makes a man disdainful of the hard work that alone makes money grow. So when I get a little ahead I buy a house, and skimp to pay for it. I have made most of my money by running in debt.

I do not sympathize with the man who stands back and lets competitors of inferior ability get ahead of him. It is impossible to escape from the struggle for existence. If we have the ability we must make the world recognize it, or we are useless as a gem at the bottom of the sea. "Be ye wise as serpents!"

The code, like all laws, is not intended to prevent competition but to regulate it. Success demands advertising, but it must be ethical. Is it not supremely conceited for a man to sit quiet and expect the world to dig him up and find out what he is good for? If you, dear old grumbler, want your cataractous lens removed, do you hunt up some obscure chap sitting in a corner, or do you go to the oculist whose name seems most prominently and frequently in print?

I do not see any reason for dispute between Drs. Etter and Servoss. We treat the symptoms, it is true, and whenever the best treatment of a symptom is removal of the cause, that is the treatment we use. But suppose a man has a knife stuck in him, will the removal of the knife cure the wound? Or, suppose the symptom is the vomiting of pregnancy—would Dr. Etter remove the cause? Here the symptom is vomiting, and under that is hyperesthesia of the terminals of the vagus in the stomach. We may act directly on these by giving iodoform, bismuth, zinc cyanide or cerium oxalate. Or, we may find a cause for the irritability in toxemia, and lessen this by stimulating the eliminants, cutting down the supply of toxin-generating, albuminous foods. Then again, the cause may be found to lie outside the pale of our activities—the wife has tired of her man and wants another—and the divorce court, not the doctor, must "remove the cause."

Dr. Alter's estimate of cures by nature unassisted is far too high. Nature works blindly, not purposefully. She deals in generalities rather than particularities. Hilton taught us that there were mechanical reasons for the continuance of ulceration, and that when the parts were put at rest by splints or other immobilizing apparatus, a rapid cure could be secured. Nature heals a fractured bone with the ends lapping. We set the bone and have a straight limb. Nature kills a man with reactive fever; we moderate it to safe limits. The skillful doctor learns to appre-

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ciate what Nature can do, removes obstacles, aids when her power is deficient, and interferes when she is going to kill. I have little respect for the doctor who can not make himself of use, and dominant, in every case.

Dr. Salinger's treatment of stopped menstruation from colds is weak beside that of the alkaloidists. They give aconitine and cicutine hydrobromide, a milligram each, every half hour, with a hot foot bath, and get results so far ahead of quinine and Dover's that there is no comparison.

In a series of cases of infantile uterus I applied intra-uterine galvanic stem pessaries with benefit some years ago, but now I try to direct a flow of blood to the uterus by the steady administration of iron arsenate and sanguinarine, pushing the doses as high as the patient can assimilate and bear. Potassium permanganate, a grain a day, is good as an addition during the menstrual week. The plethoric cases do best under aconitine and cicutine hydrobromide, with tansy when the flow is due.

Dr. Reed's remedies are all good, but the day is gone when patients would swallow the crude drugs. The neat little granules of asclepidin, berberine, and salicine, give us the really useful elements of asclepias, berberry and salix, without the useless parts. Medicine without the dirt is a well-founded designation.

I do not like any of Dr. Sawyer's cures for earache. Anything that irritates the delicate drum injures the hearing; and aurists, who ought to know, even object to laudanum, as the alcohol irritates. If earache is due to nasopharyngeal irritation, give a grain of calcidin in hot water every quarter hour. Impacted wax is softened by hydrogen dioxide and then may be washed out with warm water. Furuncles are aborted by speedy saturation with calcium sulphide. Any hot application in or over the ear eases the pain. If there is fluid in the middle ear it should be let out by incising the drum and not left to destroy that membrane by Nature's poor handiwork. A granule or two of aconitine in a teaspoonful of water as hot as can be borne, syringed into the ear, gives more relief than oil, laudanum or urine, and is clean and harmless.

Dr. Fowler speaks wisely of intestinal worms, nevertheless I believe they do more harm than is known. Many a child has been spanked for naughtiness who was merely trying to get rid of the irritability due to a bellyful of worms. When we realize how much our nervous and mental state is influenced and even controlled by physical conditions, we will question these things more closely. I have often rid a child of worms, and on inquiry found a decided change for the better in its disposition, which the parents had not thought of associating with the discharge of warms. But getting rid of worms is not so easy. Observations made at the Children's Hospital in London, showed that the eggs kept appearing in the stools despite every vermifuge except cowhage down. That is not easily obtained, but it does the work. Nothing else will.

Dr. Burnett writes of chirata as a remedy for malaria, besides cinchona. We need not go to India for a remedy if we do not care to use quinine, for we have one of well-proved value in our own forests. During the civil war we used dogwood bark and got along as well as we did with that from Peru. Now we realize how important a part is played by the liver and bowels in malaria, and we begin by cleaning out and cleaning up—calomel, podophyllin and salines, then the sulphocarbolates, and follow with cornin, which is simply a really good extract. Of this I give a grain every hour between chills. If another comes I smother it with a full dose of pilocarpine, enough to sweat freely, and go on with the cornin.

Enlarged spleen I cure by another good native remedy, the polymnia uvedalia. Why doesn't Abbott extract the active principle of this invaluable plant? He has nothing in his list so sure to reduce an ague-cake to decent proportions. If you can get the fresh bark make a decoction; if not, get Lloyd's specific. The fluid extracts are trash. Credit Abbott for one good idea just here: He says a grain of quinine arsenate equals 15 grains of quinine sulphate, and he is right. But you must keep the bowels free while it is being taken.

I am glad Dr. Burnett speaks up for our native plant drugs, and hope others will add their mites. HENRY LASHER, M.D.

1358 Fulton Street, Chicago, Ill.

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GONORRHEA, ACUTE AND CHRONIC. ITS SEQUELAE—PROSTATITIS.

Editor Medical Summary:

The more we have to do with gonorrhea, the longer we have to treat and see it in all its various phases, the more we are convinced that the dire results are not in the acute attack itself, but in its later chronic period when it has traveled back the whole length of the urethra to the prostate gland and even to the bladder itself, causing more or less prostatis, and if in the bladder cystitis. As a rule, the average practitioner does not take any serious consideration of the nature of the disease in treating a case of gonorrhea and much less so the deluded victim. It is a lamentable, but not an excusable fact, that the majority of practitioners are woefully short circuited negatively when it comes to handling an ordinary case of gonorrhea. True, almost any doctor can prescribe some kind of an injection and dope, some kind of a general routine use all into the patient, but, when it comes down to the best scientific, sensible handling of the case as it should be, the handwriting stands out on the wall and the doctor is weighed in the balance of expected requirements and found wanting. He's in the same old rut that classifies him among the incompetents, when the truth of the matter is he should be able to handle his patient in an up-to-date manner. With the literature at hand and in the light of the knowledge of to-day, every doctor can easily know how to treat acute or chronic gonorrhea, prostatitis, etc., and if he does not it's his own fault.

He should aim to impress on the mind of every case of clap, that comes for treatment, the prime importance of thorough and persistent treatment until entirely cured, until not a vestige of morning drop appears, so that if he is single he may marry when he chooses and not transmit the results of his sins to an innocent woman and rob her of health. We fail in our duty when we do not do this, that is tell the patient these facts. We just received a letter a few days ago from a young man who had had gonorrhea several years ago and had it partly cured, so to say, but who is still far from being right. He wants to get married but has had the good fortune of being told by his family doctor the dire results that will consequently follow if he does so without having his trouble fixed up before he enters wedded life. He desires to place himself under our care for treatment.

As a general rule, the average patient with gonorrhea is entirely ignorant as to its seriousness and the importance of its thorough treatment for he often uses some remedy that a friend gives him, who has had a dose and who has "cured himself"—that is he has a prescription that he used and he hands it around to those who get in the same fix, and so they treat themselves to their sore disappointment, and failing to get relief they come to the doctor in bad shape, for the gonorrhea has simply gone ahead and the gonococcus has made sore havoc with the urethra and has traveled posteriorly and gotten into the prostate gland. In such cases the doctor has plenty to do in treating it effectually and making a successful cure. Some of those cases tax the ability of the physician to the utmost and keep him busy in getting rid of the gonococci and healing the irritated parts. Another evil is the one of the druggist prescribing clap cures or putting up some of their cures and drug "counter prescribing," which they have no right to do under any circumstances. Many a case finds this out to his sorrow and finally has to go to a physician to receive proper treatment.

The "black plague" is one of the dire curses of society to-day, and many a pure, innocent woman has to suffer for the sins of her husband who had a dose of clap in his "wild-oats days," and never had it completely cured, got married and gave his wife the disease.

There are many good formulas for injections in gonorrhea, but there are two that are of especial merit in our estimation: one is the resorcin and zinc sulphocarbolate injections in the following proportion:—

℞ Resorcinal 3.355
Zinc sulphocarb. 1.00
Aqua 120.00

M. Sig.—Injection 3 or 4 times a day.

This we use the first 2 or 3 weeks and then follow with the potassium per manganate solution, 1 gram to 4 ounces at first

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and increase to 2 grams the second week, so on up to 4 grams to 4 ounces of water.

S. D. Sour, M.D.

Ogilive, Minn.

CRYPTAGAMUS FUNGUS. POISON MUSHROOMS.

Editor Medical Summary:

I must report an unusual case, and the success of the treatment. It goes away back, however, to the times when doctors dispensed their medicine themselves. In my early years in practice, I carried about as large a supply of medicines as would be required for almost any case of sickness; and in many respects it was a great deal more satisfactory to me, as well as to my patients. For emergencies, it was indispensable, and the sick appreciated it beyond measure. But to my story.

In "mushroom time," in 1868, I was living at the home of my parents, whose residence, a large, old-fashioned, suburban estate, (I had a young and beautiful wife, whom I married in 1867, and who is with me yet), and my father, myself and wife, were sitting on the veranda, in the twilight, when a stalwart Irishman came running for medical aid, exclaiming: "For God's sake, doctor, come quick to me buoy, as he's after bein terrified wi snakes!" My father was a great physician, with a large practice, and, being tired out, told me to go to the relief of the boy. He lived about a quarter of a mile from our home, but it didn't take me and the Irishman long to cover the distance. As I got near the house, I heard the screams of the boy, and the wailing of the Irishwomen who had gathered there. As soon as we entered the house, the father grabbed and held the twelve year old boy, who screamed snakes, and fought them off vigorously. He was in a state of terror, equal to the worst case of jimjams! His pupils were largely dilated; and while I didn't know what he had eaten, I dissolved 20 grains of sulphate of zinc in a glass of water, which we compelled him to swallow. It was hardly down, when up came what seemed a quart of poison mushroom (frogstools). On the couch in the room was his little ten year old sister; and the boy had hardly vomited, before she sprang up and screamed snakes! She got the same dose, with the same result. By degrees, the snakes got smaller and further off, and in a few hours, they seemed as good as new. Soon after we gave both of them castor oil, and the next day they were well.

The explanation is that the father had provided frequent messes of mushrooms, and the children were fond of them. In the absence of the parents that day, the children proceeded to gather "frogstools" for a stew, with the result stated above. What is also very remarkable, they both were terrified by snakes! For prompt and thorough emesis, give zinc.

D. L. Field, M.D.

Jeffersonville, Ind.

THE TREATMENT OF TYPHOID FEVER.

Editor Medical Summary:

For a number of years I was located in a section of country where this disease was very prevalent, a good portion of the year, it being largely accounted for on the basis of topography, inferior land drainage, etc. Reasonably long and close association with typhoid enabled me to gain quite a bit of hand-to-hand experience with the disease, and just a few points I wish to emphasize in this brief article. The bacillus of Eberth is, of course, always to be reckoned with, but I do not regard its role as always being primary in importance. There must first be a state of alimentary filth that invites the bacillus and makes its propagation possible. Later there ensues a state of malnutrition, vital deterioration and loss of integrity in certain tissues which may cause death. Typhoid usually eventuates in recovery in less than three weeks, provided the vitality and tissue integrity are maintained by the preservation of bodily nutrition.

In the treatment of the disease I have two central aims which I ever strive to consummate. Elimination must be well-maintained and the patient well-nourished. Special symptoms must of course be met as they arise. Few cases are typical with the same level of symptomatology. It sounds like a platitude to say that the bowels should be kept open with every emunctory doing its whole duty. But I

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find many physicians obsessed with the lay fear that a troublesome diarrhea may ensue upon the administration of laxative and cholagogue remedies to effect. Very seldom is there danger in this regard. Usually the bowels are sluggish and the secretions lethargic thus rendering a considerable measure of secretory stimulation necessary. Small doses of the mild chloride of mercury are usually serviceable throughout the course of the disease. Castor oil, salines and enemas should be employed sufficiently to keep the intestinal tract reasonably clean. After that the sulphocarbolates do good work.

Many typhoid patients are under-nourished in consequence of which there ensues a low state of vitality and they are unable to rally therefrom. The physician must judge in each case what foods are permissible and those that must be interdicted. A much more liberal bill-of-fare may be allowed in some cases than others. If assimilation and other conditions are such as to warrant a rather generous intake of nourishment the duration of the disease is materially shortened, especially the convalescent stage; relapses I have observed more frequently in those who are poorly nourished.

Sweet milk is a *sine qua non* with many, but condemned by others on the grounds of its being a favorable culture medium for bacteria. If milk agrees with the patient as evidenced by clinical signs and manifestations few would certainly have the temerity to interdict it use. Personally I have never seen fit to stop milk on account of its being a germ-breeder. When milk produces flatulency and other disagreeable symptoms bovinine may be combined with it and the whole diluted with lime water or barley water. Bovinine and milk diet is especially serviceable when there is diarrhea and this effect is further enhanced by boiling the milk until the looseness of the bowels has been checked.

If there is a tendency toward constipation, meat broths help to obviate it. Milk may for a time be suspended and the patient fed animal broths, supplemented by bovinine. The latter is highly nutritious and is easily assimilated. Farinaceous gruels are also permissible in most stages of typhoid.

Among other articles of diet that may usually be allowed are albumin water, buttermilk, jellies, a certain amount of toast and in many cases semi-solids in considerable quantity. Nearly all fruit juices may be given *ad libitum*. He should drink plain water and lemonade copiously. It is a good rule for a typhoid patient to take a drink every hour during the day and less frequently at night.

If the patient is not low and does not demand or require much attention it is bad policy to "sit up" with him at night. If the case has been well-nourished in its incipiency the patient is not likely to need medicine, bathing, etc., during the night. If he can have good sleep this will, of course, do him more good than all the adventitious helps we can give. Convince the patient that he is going to get well and his co-operation in the treatment is strengthened. Above all keep up sufficient elimination and see that he gets sufficient nutriment into his system. Typhoid patients have, in times past, been literally starved to death.

W. T. MARRS, M.D.

Peoria Heights, Ill.

DIAGNOSIS AND SOME POINTS IN PRACTICE.

Editor Medical Summary:

It has been quite a good while since I wrote you. I have been a subscriber to your valuable journal for the past 20 years. Must say that if I had failed to find in medicine nothing more than is taught in medical schools I would have abandoned the practice long ago. It is really amusing to me to see published in journals that all diseases are only diagnosed properly by microscopical examination. It would be absurd to say that a sane mind could not recognize the difference between a horse and a cow by the eye. Why, then, is the practice of medicine such a difficult task. We can sum it up in few words. Improper training. The eye, the window to the soul, can, by being properly trained, detect the different changes in the general make-up more readily than any other means.

Cultivate the eye, ear, nose and touch; by these means a wonderful field is opened up to the progressive doctor. Then, again, study each drug separately. Know the in-

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dication and the effect; don't allow some chemist to dictate your treatment. All diseased conditions have a cause; remove this cause and you have no symptoms to treat. "Do not treat symptoms." In 1889 Dr. Livesay wrote an article on Mandrake, asking questions as to the physiological effect and therapeutic value. This was published in the SUMMARY. These questions were very important and from a diligent search for the indications, this remedy has proven to be one of the grandest remedies in the Materia Medica. "Study to show thyself approved unto God a workman that needeth not to be ashamed." This is Paul's admonition to Timothy. Is it not also applicable to us to-day? Most all diseases are caused by uncleanliness. I refer you to Deuteronomy, Chapter 27 and 28, Leviticus, Chapter 13. Do not mistake the proper meaning of these two chapters, as every individual under the canopy of heaven is subject to these conditions. Leviticus, Chapter 13, can diagnose most all diseases that we have any knowledge of to-day.

Christ in his teaching uses this language: "Purge out the old leaven that you may become a new lump." In the expression, "Purge out the old, wicked, lustful mind" (spiritual), second, simply to use soap and water to open the pores of the skin. But, most important of all is the glandular system, lymphatics, digestive and sewer pipes, colon, which reproduces more toxic products than almost any media known to the human family. Listen to Christ again. "You make clean the outside, but the inside is full of dead men's bones."

Don't mistake my meaning, for every means available should be utilized to advance your store of knowledge.

But this should be used by the individual doctor himself and you are due your patrons this much respect, and above everything else on earth, God holds each man responsible for his conduct to the sick. Do not shirk your responsibility and send your patrons to the specialist. Study day and night, if necessary, to prevent the death of one of your patients. W. C. Abbott, M.D., of Chicago, has done more to brighten the intellectual man than any man in the profession, and yet he has not been appreciated as he should.

What man in the field of practice to-day that would go into the woods and gather the different drugs in their crude state, boil them in a washpot and use them now, as I did in the early years of my career—1870? Be sure you are right, and go ahead.

Let us reason together. If you can get results from morphine made from opium (the alkaloid); pilocarpine from jaborandi; atropine from belladonna; caffeine from coffee, and you can't dispute this fact, why under the canopy of high heaven do men shoot hot rocks at Abbott.

If you have lost confidence in old, shelf-worn, stock drugs, get some active principles (alkaloids), Shaller's Guide and study. You will change your mind in regard to results. Don't cling tenaciously to Osler, Strumpell and such writers, but get up and get results that you have never dreamed of. Study Ellingwood's "Therapeutics," Scudder's "Specific Diagnosis," Lyman Watkins, Potter's "Materia Medica," Reference Hand Book, ""Treatment of Disease," Waugh, and a host of other good books.

I hope I have not infringed on your time, space and patience, but hope what I have said will be the means of helping some man out of trouble. If I have I shall be amply paid for my trouble.

C. R. WATKINS, M.D.

Floresville, Texas.

FOR CROUP AND ENURESIS.

Editor Medical Summary:

A copy of the January issue of your journal has just reached me—it is a peach.

For croup, nothing else is needed, if calcidin is pushed every 15 to 20 minutes, as it is a specific, almost in croup.

If Dr. F. L. Wachenheim, page 16, March SUMMARY, would try $\frac{1}{100}$ grain strychnine and $\frac{1}{50}$ grain cantharides four to six times a day in enuresis, he will rewrite his article. It has not failed me once in fifty years.

W. S. CLINE, M. D.

Woodstock, Va.

Typhoid patients that are habitual users of alcoholic beverages should be allowed a moderate amount of alcoholic stimulants throughout the disease, as there is much danger of delirium tremens if they are cut off suddenly from its use.

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Favorite Prescriptions

We invite practitioners to send us for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and State.

Reader, let us hear from you in time for the next issue of the Summary. It is our wish that the reader take a special interest in this department of the Summary.

A GOOD TONIC AND ANTIPERIODIC.

Editor Medical Summary:

The following is a good general tonic for most all cases of general debility and a good antiperiodic in cases of chills and fever:

℞ Iron carbonate .....3v.
Tinct. nux vomica .....3j.
Fld. ext. cascara.....3iv.
Syrup quinine .....q.s. ad. ℥v.

M. Sig.—To keep a chill off give a teaspoonful every two hours until four or five doses are taken, beginning so the last dose will come about two hours before the chill is due. At other times a teaspoonful every three or four hours. Syrup of quinine is made by mixing amorphous quinine in simple syrup in proportion of two grains of the quinine to each dram of simple syrup. Fibriline is simply syrup of quinine. I wrote the Paris Medicine Company of St. Louis, Mo., and asked them how fibriline was made and they wrote as follows: "In reply to yours, beg to advise that fibriline is simply amorphous quinine in simple syrup, it contains no other drug."

J. A. Burnett, M.D.

Cowlington, Okla.

NASAL CATARRH, GOITER, SPRAINS, BRUISES, ETC.

Editor Medical Summary:

Glycerate of tannin ℥ss. Sig.—Apply well up in the nostrils with a camel's hair brush or cotton swab two or three times a day.

A few applications often works wonders in limiting or completely drying up the discharge.

In exophthalmic goiter I think favorable the following and shall give it a larger place in any future case:—

℞ Sodium phosphate .....℥viij.

Sig.—Teaspoonful in one-half a glass of hot water on rising. Then have your patient take daily inhalations five minutes at a time of amyl nitrite, and use tincture cactus grandiflorus for rapid cardiac action so common in these cases.

Of course one can take along the thyroid extract treatment simultaneously. To reduce the swelling of, sprains, bruises, or of some dropsical swellings, I have good luck with the following:—

℞ Magnesium sulph. .....℥j.
Ammonium chloride .....℥ss.
Aquæ bullientis .....Oij.

M. Sig.—Saturate flannels in same and foment the parts for at least twelve hours, using it as hot as can be borne.

A. P. Reed, M.D.

Naples, Maine.

FOR COUGHS.

Editor Medical Summary:

The following formula has been used by me, and having proved serviceable in numerous instances, in many forms of cough, I submit it for a place in your department of "Favorite Prescriptions."

℞ Ammonium carb. .....3j.
Fld. ext. belladonna .....*m* v.
Paregoric,
Syr. scillæ co. .....āā 3iv.
Syr. tolu. .....q.s. ad. ℥ij.

Sig.—Teaspoonful every two or three hours in water.

J. A. Burnett, M.D.

Cowlington, Okla.

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FOR DIARRHEA.

Editor Medical Summary:

Two prescriptions for different forms of diarrhea, each has been found to be of service in this particular form where indicated.

FOR DIARRHEA WITH TENESMUS.

℞ Syr. rhubarb.....3ij.
Tinct. opii camp.....3v.
Hoffman's anodyne.....3iij.
Elix. lac. pepsin....q. s. ad. ℥ij.
Sig.—One teaspoonful as needed.

FOR DIARRHEA WITH FOUL SMELLING STOOLS.

℞ Zinc. sulphocarbolate...gr. xxv.
Bismuth subnit.....3j.
Tinct. opium.....3ij.
Spts. camphor.....gtt. xl.
Elix. lac. pepsin....q. s. ad. ℥iij.
Sig.—One teaspoonful as needed.

J. A. BURNETT, M. D.
Cowlington, Okla.

A GENERAL TONIC, ETC.

Editor Medical Summary:

The following though not very palatable, but is of much value as a general tonic, a reliable antiperiodic in malaria and in curing the tobacco habit:

℞ Atropine sulph. ..... gr. ⅛.
Tinct. nux vomica ..... ℥ss.
Tinct. humulus ..... ℥j.
Tinct. quassia,
Tinct. gentiana .....āā ℥jss.
Fld. ext. chirata ..... ℥ij.

M. Sig.—One teaspoonful every two, four, six, twelve or twenty-four hours as needed. Another good general tonic antiperiodic and nervine is:

℞ Atropine ..... gr. ¼.
Strychnine nitrate ..... gr. j.
Tinct. capsicum ..... 3ij.
Fld. ext. erythroxylon coca,
Fld. ext. avena sativa,
Fld. ext. chionanthus ....āā ℥j.
Fld. ext. chirata,
Simple elixir .....āā ℥ij.

M. Sig.—One teaspoonful every two, three, four or six hours.

Chirata has considerable influence upon the nervous system. The following combination is of value in neurasthenia:

℞ Fld. ext. chirata,
Fld. ext. kola .....āā ℥ij.
Fld. ext. scutellaria,
Aromatic elixir .....āā ℥j.

M. Sig.—One teaspoonful in water, every four to six hours.

Chirata has considerable influence upon the liver but is not a laxative in the true sense. In some chronic liver troubles, especially catarrhal conditions of the bile ducts the following is a good compound:

℞ Fld. ext. chirata ..... ℥j.
Ammonium chloride ..... 3j.
Ext. glycyrrhiza ..... 3ij.
Syr. tolu ..... ℥iij.

M. Sig.—One teaspoonful every two, three or four hours.

J. A. BURNETT, M. D.
Cawlington, Okla.

HORSE NETTLE.

Editor Medical Summary:

In reply to your inquiry, page 292, December 1909 number, would say: I used horse nettle in three cases but as it did not have any effect so I abandoned its use. In my opinion there is not any medicinal remedy for this disease. During 50 years' practice, I have had my share of such cases and I never cured (?) but 2, both brothers, 14 and 20 years respectively; both are married and have families; thus far their offspring not having shown any signs of the disease. In these cases I used full doses of ergot and bromide of potassium, but as this combination in other cases failed to cure I incline to the opinion that they would have recovered without treatment. I cannot recall an instance where the disease was one of heredity though brain fever in children has frequently been the exciting cause.

What it is that at various intervals accumulates in the human system and is eliminated by this horrible explosion, which for a time paralyzes everything but the vital machinery, only to reaccumulate and repeat itself when nature yields to the pressure, medical science being in the second stage of knowledge (doubt and inquiry), has as yet failed to discover.

AMOS SAWYER, M. D.
Hillsboro, Ill.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

THE PROPAGANDA FOR REFORM IN PROPRIETARY MEDICINES. Sixth Edition. Containing the Various Exposes of Nostrums and Quackery Which Have Appeared in The Journal of the American Medical Association. Pages, 292. Illustrated. Price, Paper, 10 cents; Cloth, 35 cents.

This little book presents most of the reports, analyses, etc., of patent and proprietary remedies made by the Council on Pharmacy of the American Medical Association, and which matter has appeared in the Association journal from time to time since the organization of the Council in 1905.

PRACTICE OF OSTEOPATHY: ITS PRACTICAL APPLICATION TO THE VARIOUS DISEASES OF THE HUMAN BODY. Illustrated with 108 Half-tone Engravings. By Charles H. Murray, A.B., B.D., D.O. Author of "Genuine Osteopathy," "The Osteopathic Truth," "Practical Health Hints," and "Successful Promotion of Genuine Osteopathy,"—all for the Osteopathic Profession. Published by the Author, Elgin Ill., 1909. Price, Cloth, $2.50; Half-morocco, $3.50.

It is not so very many years ago, that Andrew Taylor Still, in a small town in Missouri, gave birth to the osteopathic idea, practicing and teaching others ever since. The founder is still living, and how rapidly his system spread over the land is well known, but there are still many among the regular medical profession who have apparently but a vague idea of what osteopathic treatment actually consists of, or how the manipulations are performed, etc. Dr. Murray's book fully explains it, practically in a "nut-shell," as it were, and here is the opportunity to become more thoroughly acquainted with osteopathy in a practical manner. The treatments are fully and concisely described, many of which are illustrated with an original photograph taken when the author was treating the patient. This work should prove of interest to many physicians in regular practice. As we have elsewhere stated, there are certain diseases or diseased conditions that cannot be reached or influenced by medicine of any kind, and they are the cases, some of them, which may be helped or even cured by osteopathic treatment. This system deserves credit for what it may do for the afflicted, and the general practitioner should not be one to denounce any method of treatment, before he has thoroughly investigated the theory upon which it is based, and finally its efficacy in producing the desired results—investigate all methods for the alleviation of the sick, and hold fast to that which is known to give results.

SOME SCIENTIFIC CONCLUSIONS CONCERNING THE ALCOHOLIC PROBLEM AND ITS PRACTICAL RELATIONS TO LIFE. Papers Read at the Semi-annual Meeting of the American Society for the Study of Alcohol and other Drug Narcotics, at Washington, D. C., March 17, 18 and 19, 1909. Presented by Mr. Gallinger, May 17, 1909. Ordered to be printed Washington Government Printing Office, 1909.

This is the first transactions of a Medical Society ever published by the Government, and for this reason is entitled to a great prominence. Already a large edition has been published, and another is called for, copies may be had by request through the United States Senators. These papers are authoritative, their practical value will be evident to every reader; the most important phrases of the subject are here discussed, among them the latest studies of the action of alcohol on the cell and tissue, and the influence of certain causes; means of treatment and possibilities of restoration and treatment.

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Summary Gleanings

A morphine fiend has contracted pupils and slow pulse, the alcoholic not.

In delirium tremens the tremor and mental symptoms may be removed by a dose of alcohol; in paretic dementia not.

In the treatment of epithelioma, Dr. Bartholow was assured of the efficacy of arsenic, given internally and injected into the immediate vicinity of the morbid growth.

Good results have been derived from administration of hyoscyamine in cases of chorea which have resisted other treatment.

Dr. O. P. Branson has found the oleate of copper one-half of a dram, rubbed up thoroughly in an ounce of vaseline, to be a most excellent application in persistent stubborn cases of weeping eczema.

A morsel of sugar dipped in vinegar, and placed in the mouth, it is stated will stop hiccough directly.

Dioscorea villosa tincture, five drops three times a day, it is stated rarely fails to cure nocturnal emissions.

For anal affections (fissure, sore, tender piles)—hamamelis unguent, frequent applications soon relieve. The same for a sty.

For earache drop into the ear a few drops of cocaine, 2 per cent. solution; this will stop the pain instantly; if it should return after an hour or two, repeat.

Don't mistake the normal breath sounds which are heard in auscultating the fontanelles for the breath which may be indicative of commencing disease, hydrocephalus or rickets.

Four-drop doses of cimicifuga combined with one drop of specific pulsatilla, given for a week before the menstrual period, will generally give complete relief in dysmenorrhea and amenorrhea.

In gastric catarrh the upper bowel should be kept unloaded by calomel gr. ¼, and sodii bicarb, gr. ij., taken every night, and sodium phosphate, a dram, night and morning.

To remove the odor of iodoform from the hands, wash them in a solution of linseed meal.

Dr. Bartholow advised the use of naphtholin, two to three grains, in pill form, for stomach fermentation.

In general, vaginal tampons can best be introduced—and with least pain, by placing patient in the knee-chest or Sim's position. This is particularly important in hypersensitive individuals.

When vomiting is persistent, tongue red and glazed, some diarrhea, but gastric symptoms predominant, liquor bismuth is the remedy.

Jaundice in a child is catarrhal jaundice, in a young woman gallstones, in an old woman cancer of the liver.

In persistent vomiting the use of small doses of brandy on cracked ice will often do good.

In mastitis, camphoral ointment should be applied freely to the swollen breast. Support by a sling passing over the shoulder and under the affected part. Keep warmly covered and give tinct. aconit. and tinct. phytolacca in one-drop doses every hour.

In la grippe, put from three to five minims of green root tincture of gelsemium in four ounces of water and give teaspoonful doses of this mixture every one to three hours. Try it in your next case and be convinced of its efficacy.

Burning coffee in a room filled with the odor of creosote will remove the odor.

Clothes that have been filled with the odor of iodoform can be renovated by rinsing them in tar water.

Speaking of purgatives, Prof. Bartholow used to tell his class of an old soldier who always carried about him a bullet, which he had used for forty years as a cathartic. It acted by its weight.

For dropsy due to anemia, Blaud's pill will be found a valuable medicament.

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THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.
Vol. XXXII
R. H. ANDREWS, M.D., Editor & Proprietor
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No. 3
ESTABLISHED 1879

Titles of a Few Leading Articles in this Number :

OBLITERATION FOR THE CRAVING FOR NARCOTICS. REVIEW OF THE ARTICLE OF DR. ALEXANDER LAMBERT.
By GEO. E. PETTEY, M. D.

A HISTORY OF TWO EMERGENCY SURGICAL CASES, WORTHY OF RECORD BECAUSE OF THE LESSON THEY TEACH.
By HERMAN HAWKINS, M. D.

THE KNIFE OR MEDICINE IN THE TREATMENT OF CANCER.
By G. C. YOUNG, A.B., M D.

HEALTH AND LONG LIFE.
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THE RELIABILITY OF SIMPLE ACTIVE PRINCIPLES.
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LOOKING BACKWARD AFTER FORTY YEARS' PRACTICE.
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SHALL DOCTORS CONTINUE TO DISPENSE

We feel that we almost owe our readers an apology for springing this topic again, although none can say that its discussion is not timely and apropos. There is now and for some time past a propaganda being launched having for its purpose the passing of legislation by which doctors will be obliged to write prescriptions instead of dispensing their own medicines. Before this editorial will have appeared in type the National Association of Retail Druggists will meet at Pittsburg, and we are informed that great efforts will be made to place the Association on record favoring legislation prohibiting dispensing by physicians. The *Physicians' Drug News*, which, by the way, is on the side of common sense and conservatism, says: "If it is done, look for bills to prohibit dispensing in nearly all State legislatures next winter."

We have no fight to make against the druggists, but we can not look upon them as arbiters and conservators of the sick public, and we believe that it is selfish rather than altruistic motives that prompt them to want to thus corner the medicine business. There are a hundred sane and sensible arguments in support of the dispensing by physicians, but none why they should not. To deprive a doctor of his privilege of dispensing is to tie his professional hands and very largely inhibit his usefulness. Such a law would be inimical to the public good and would especially work a dire hardship upon millions of people who are far from being rich. Furthermore, such a law would make medical nihilists of thousands of physicians who are already weak-kneed because of the wave of skepticism that the academicians have started.

It may be a bit old-fashioned, but when we get sick we would prefer the doctor who brings with him a well-filled medicine-case and other accessories, and also with it a disposition to do something to make us well. What is more suggestible to the sick person than the trusted doctor *with* his medicine-case?

Doctor, if you are opposed to turning the dispensing all over to the drug stores, let us make a suggestion: If any such legisla-

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tion is proposed in your State this winter, write to your representatives and put the matter plainly before them. Show them wherein only a class of individuals would be benefited by such a law, while working to the detriment of all individuals who are not so fortunate as to own a corner drug store.

INVOLUNTARY PSYCHOTHERAPEUTICS.

Too often the physician forgets that the patient weighs very carefully all the little words and acts of the medical attendant. More than that, the patient remembers. The doctor's deportment and demeanor in the sick room means so much to the patient. The doctor should not talk too much or he may later be obliged to make corrections and retractions. He should, however, talk enough to arouse cheerfulness and a healthy optimism in the patient. It never pays to deceive a patient, although a part of the truth may be held in abeyance or presented in its most favorable light. In his examination and conversation the physician should never let neurotic and sensitive patients believe they have serious pathological conditions which do not really exist. The average woman who is told by her trusted physician that she has "womb trouble," "ovarian irritation" or "spinal disease," will never forget that she is a sufferer. She tells all her friends what Dr. So-and-So said, and her mind often becomes morbid from such constant introspection and over-attention to her ailments. She may get the impression that she will never be better until she submits to an operation and has something cut out. So many ailments are suggested to susceptible patients by indiscreet physicians. The women who go in strongly for physical culture seldom suffer from pelvic disorders simply because their attention has been directed along more cheerful lines and away from the ego. We have reference, of course, to functional disorders and not to those cases in which grave structural diseases occurs. The physician is therefore practicing psychotherapeutics all the time, whether he wills to do so or not. He should ever be mindful of the fact that the patient is more than a "case" with pathologic possibilities, but also a soulful and sentient being as well.

THE UTERINE CURETTE.

Many useful agents fall into disuse and often bad repute because of improper use in the hands of the over-zealous. This is in a measure true of the curette, although like the obstetric forceps when there is an indication for its use it is needed badly. The reader will recall that but a few years ago it was the rule to curette the uterus after every abortion and premature labor, while not a few physicians thought the operation should be performed after every case of normal labor. Sharp curettes were then employed, and it was a very easy matter for a heavy-handed operator to scrape through the walls of a uterus that happened to be unusually thin. In hundreds of cases there was such a denuding of the endometrium that other troubles followed in its wake. So much damage was done by unskilful curetting that it is a procedure that has almost been abandoned except in cases where there are retentions whose removal is imperative. The curette is after all one of our most useful instruments, but the operation is not to be approached in a careless manner.

We are learning that in the obstetric role nature provides protective secretions of her own and that too much scraping, manipulating and antisepticizing only tends to increase the danger of infection. The mucous and submucous tissues in the parturient canal strive energetically to manufacture their own anti-bodies to neutralize poisons. This is not nihilism or a black eye to science; facts prove indisputably that nature does things in this way. Septic troubles seldom occur among women in the midst of a lowly and unkempt environment because so little interference is made in her accouchment and few foci for new infection are opened. Incidentally she has become immune to the bacteria with which she has been so long associated. We believe in aseptic midwifery; we decry over-antisepticizing and undue manipulations only when actually necessary. The great danger is never from within; the greatest source of danger is from the obstetrician himself and the instruments and accessories.

Burning coffee in a room filled with the odor of creosote will remove the odor.

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ACNE.

There are many remedies for this dermal trouble; there are in fact always an abundance of remedies for everything that responds slowly to treatment. Acne being a disorder that is a concomitant of adolescence, young men and women should always receive the assurance that the mellowing down of the sexual functions after about the age of twenty always marks a disappearance of the papulous eruption. No line of treatment can be expected to cure the trouble in a short space of time. Treatment is, however, of some avail and may inhibit a more extensive invasion and the multiplication of other lesions. The best local treatment is the well-known scalding treatment of which every reader is familiar. This scrubbing with the hot towel must be thorough and to the extent of making the pustules bleed if not completely obliterating them. Epsom salts in the water is a good thing. If the face becomes tender after this operation an emollient should be used before exposing the face to the wind. A sulphur ointment is good; so is compound stearate of zinc. Sulphide of calcium is a useful remedy internally in very stubborn cases. The sufferer should eat nitrogenous foods sparingly and eat fruits and vegetables freely. Salines and occasional doses of calomel are perhaps our most dependable internal remedies. Arsenic is serviceable as a tonic, especially in anemic states. A prescription that is very popular in the treatment of acne is the following:

℞ Magnesium sulph. .....ℨj.
Iron sulph. .....Gr. xvi.
Acid sulphuric (dil.).....ℨii.
Aqua .....q.s. ad. ℨviii.
M. Sig.—Tablespoonful in water every morning before breakfast.

BALSAM OF PERU FOR SORES.

This is an excellent application for wounds and sores that are slow in healing. The wound is filled with the balsam and a dry compress applied. Its effects are mildly antiseptic and a mummyfying effect upon the tissues is exerted. This is especially good treatment for wounds that are not to be dressed daily.

THE DOSE OF ACETANILID.

The ill effects so often reported from the use of acetanilid are almost invariably due to excessive doses. If morphine and other toxic drugs were employed in the reckless manner in which the ubiqutous headache powder is used, fatalities would very frequently be brought to our attention. The dose of acetanilid, it should be remembered, is only three or three and one-half grains, and this is not to be repeated more than a time or two for a number of hours. There are idiosyncrasies where even a grain or two will produce cyanosis and depression. The addition of bicarbonate of soda hastens absorption and elimination. In proper doses acetanilid is rapidly eliminated but nitrogenous tissue waste is retarded and the oxygen-carrying function of the red corpuscles is disturbed. Thus heat production is inhibited and indirectly a depression of the circulation and respiratory centers, and continued and indiscriminate use favors the production of methemoglobin. If there is a reasonably strict observance of these rules with regard to dosage we believe that harmful results will seldom be reported from the use of acetanilid. If a dose or two does not reduce fever or relieve headache acetanilid is not the remedy to use, and to continue it means to invite dangerous symptoms.

HYDROCHLORIC ACID.

Dilute hydrochloric acid is a useful drug, but must be fresh in order to be efficacious. The dose is about ten to twenty drops well diluted. The indications for this remedy are "a deep red tongue with dusky red mucous membranes." In stomach troubles in which there is an excessive quantity of gastric juice secreted, it is a valuable remedy when given before meals. In many of the digestive disturbances of a nondescript type hydrochloric acid gives excellent results. We have had good results from this remedy in the peculiar dyspeptic troubles so often complained of by neurasthenics and nervous women.

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TO TIDE OVER THE DRUNKS.

Dr. A. H. P. Leuf, writing in *Therapeutic Medicine,* under the subject of "A Simple, Easy Method of Preventing Periodic Sprees," tells how easy and simple it is to do this very thing. First the doctor gives his plan, which is as follows: "This consists in keeping the patient in bed as soon as symptoms present themselves of an approaching attack. He must remain there about three days. During this time he is well fed. He should have meat, eggs, milk, fruits and vegetables, and tea or coffee, according to his custom and preference. Anything appetizing and nourishing is proper. A warm bath should be taken once daily, as a rule, preferably at bedtime. The bowels must be kept open with a saline, either one of the mineral waters or magnesium sulphate, or these failing, compound cathartic pills, of which two or three may be given at two hour intervals if there is marked constipation. It seems to me best to first use the remedy, if in this class, to which the patient may be partial. This is my practice. Restlessness is best quieted in most instances with the bromides, my preference being for the sodium bromide in 30 grain doses as often as needed. The patient may read, but matter of a restful or mind-steadying nature usually. The mental activities must not be stimulated. All excitement should be avoided."

The writer then goes on to give what he terms his "theory" for this treatment, a part of which follows: "My reason for devising this method was the belief that periodic drunks were due to overstrain of the nerve energy to near the yielding point, beyond which the patient could not keep up except through one of the alternatives, stimulation or rest. * * * Experience has demonstrated that three days' rest and feeding is ample for recuperation and restoration of nerve tone. Most men are willing to do this. If objected to on the ground of not being able to spare the time, remind them of the certainty of the inevitable drunk, with its resulting loss of time and cost of money, besides mental and physical suffering. This has been my plan in my private hospital, and I have yet to note my first failure. Treatment of this kind, I may add, is always more effective among strangers than it is at home, and the reasons are evident."

Now this treatment, none can deny, does look the very personification of things that are simple and easy. We have no doubt that the treatment will work like a charm in every case if—IF—you can secure your patient and then get him to take it the regulation length of time. Our individual experience, however, is that no one inebriate in a dozen has the least desire for treatment when he gets ready to go off on a drunk. And the pity 'tis 'tis true.

THE TREATMENT OF DIARRHEA.

When we so frequently note prescriptions calling for opiates, bismuth, tannin, catechu, chalk, camphor and dozens of other things designed to cure diarrhea in both children and adults, we are impressed with the fact that this disorder is too often mistreated. Diarrhea should always be regarded as a symptom and not a disease *per se.* It is true that at times it is a very great convenience to temporarily inhibit over-peristalsis by a dose or two of some sedative or astringent, although this medication should not in itself be considered curative. So many conditions of a provocative nature must be reckoned with in the treatment of a diarrhea. Very often retained fecal matter of an inspissated character is the cause when obviously checking medication only prolongs the trouble. In such cases castor oil, salines and colonic flushing are the remedies. Too often diarrhea is due to insufficient mastication and no medicine can be expected to correct the effects of poor chewing and insalivation. When diarrhea is due to fermentation remedies like salol, charcoal and pepsin exert a better influence than astringents. Nux vomica and strychnine are among our most useful agents for the correction of abnormal peristalsis. Very often small doses of calomel act like magic in bringing about a normal secretory action. As a rule the regulation diarrhea prescription should be used only as a temporary bridge. It should be remembered that there are many causes for over-action of the bowels.

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EXPLANATION.

Anent our editorial on the subject of antiseptics and germicides in the September SUMMARY, we have been criticized by one pharmaceutical house—not because our argument was faulty but from the fact that we committed the very common error of employing the terms "antiseptic" and "germicide" interchangeably. The house in question are the promoters of a very dependable antiseptic and one which we think ought in hundreds of cases to be given the preference over powerful germicidal agents. Lest this article be construed by conservative readers to mean a boost or to smack of commercialism, we refrain at this time from mentioning the name of the product. We certainly desire, however, that not a line shall appear in this journal that will knock against the scrupulous promoters of worthy products.

Our correspondent points out with emphasis that the medical profession has for years been making the mistake of using these terms interchangeably and that much confusion has resulted therefrom. Unfortunately the term "germicide" has become almost obsolete. "Bactericide" takes its place, and even that term is not employed once now to where "antiseptic" is a dozen times. Of course, there is a difference between the two agents—antiseptics and germicides. Germicides kill germs and antiseptics prevent the development of germs. Some do both. Our argument was against the indiscriminate use of these powerful agencies. The only possibly criticism that can be made of the article is that we inadvertently used the term "antiseptics" a couple of times when the other word should have been employed. This is not the only phase of medicine wherein the nomenclature becomes slightly mixed on very frequent occasions. But in this particular instance we cheerfully accept the criticism and acknowledge the correctness of our correspondent's contention. He fully concurs with us in the assertion that the profession is "gradually getting around to safer antiseptics."

Have any readers tried a solution of salcylic acid in alcohol for dandruff? Please report results if you have.

THE DIAGNOSIS OF CHANCRE AND CHANCROID.

It should be remembered that a chancroid develops in a day or so while a chancre does not appear until about the third week after coitus. A chancroid is a nasty looking sore after a day or so, and it suppurates freely with a tendency to invade surrounding tissues or become phagedenic. It seldom occurs singly and it is usually, not always, accompanied by a single bubo. A chancre is usually found as a single sore, as it does not multiply after the initial infection. A chancre is not so ugly in appearance and discharges very little. Numerous buboes may follow, but they rarely suppurate and do not secrete inoculable pus. The physician will in most cases be able to readily determine one from the other by the number of the lesion, although it is possible for a double infection to occur which may add to the confusion.

ENEMATA IN HEMORRHOIDS.

Pearce Gould says that in his experience nothing has afforded such comfort to patients suffering from piles as the daily use of a small enema. He generally prescribes not more than three-quarters of a pint of tepid water, to be gently injected into the bowel every morning. The result is that the act of defecation is accomplished extremely quick, and the motion is passed with the least possible injury to the anus. He has not seen any ill-effect from the daily use of an enema of the size he has mentioned, continued even over a long period; on the contrary, he has known patients who have suffered considerably for years entirely relieved by this treatment alone. A soft flexible tube should be fitted over the ivory or metal nozzle of the enema apparatus.—*The Hospital.*

We have known mothers who knew more concerning the order of the eruption of teeth than some physicians. To be candid, are we not all a trifle ignorant on this subject? Who will give us some short talks on first and second dention?

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

RHEUMATISM.

By William F. Waugh, A.M., M.D.,

Dean and Professor of Therapeutics, Bennett Medical College. Medical Department Loyola University.

While the leading indications in the treatment of rheumatism may be the same in all cases, there is room for considerable variety in fitting the remedies to each particular case. In this nice adaptation of means to ends, the French clinicians have always excelled. I have here translated a few notes from their clinical reports illustrating their management of rheumatism.

Laura had a case of "rheumatism"; a man aged 67, seized with intense fever, severe headache and prostration, following a violent chill and general trembling enduring some hours. For two days he took quinine, with no benefit. On the third day of the fever, feeling himself worse, he called for aid. He was somnolent, subdeliriant, fearing death; the face excessively red, conjunctivæ also, pupils contracted, skin burning and dry, pulse 124, carotids throbbing, cardiac rhythm strong with a metallic sound of the valves, resp. 28, temp. 104.36° F., tongue dry, thirst very intense. The lungs were unaffected, the liver slightly engorged. He complained of violent headache at the vertex and the nucha, almost continually, and had frequent hallucinations.

Prescribed aconitine a milligram and veratrine one-half milligram every quarter hour. By evening the pulse had fallen to 92, resp. 24, temp. 102.5° F., headache diminished; sweat began to show on the forehead, neck and hands. More wakeful but a little inquiet. Continued treatment. At 10 P. M., abundant prespiration, headache scarcely felt, pulse 72, temp. 100° F. At the morning call next day the temperature was normal, headache completely disappeared, urine abundant. He felt as if "resurrected," and the family pronounced it "a miracle."

Paquet describes the influence of rheumatism on labor. The woman had a pelvic exostosis that interfered with delivery. She had been three days in labor, was constipated, had gastric embarras with chills, and polyarticular rheumatism; pulse 102; axillary temp. 103.1° F., in the vagina 104.3° F. Bandages were applied to immobilize the joints and the uterus, and chloral hydrate given; the pain was relieved and the delivery completed by forceps; the child living only a few hours. The mother was given twenty centigrams ergotin at once, and every half-hour ergotin, strychnine arsenate, aconitine and digitalin. At noon she had a hemorrhage. Gave one dose quinine salicylate 10 centigrams, then quinine arsenate 2 milligrams, soda salicylate and ergotin, a centigram each; zinc cyanide, colchicine, veratrine, strychnine arsenate, a half milligram each, every ten minutes, with chloral. The hemorrhage ceased within three hours. The doses were then given every twenty minutes. That evening temp. 100.9° F., urine and stools free. Continued during the night, quinine salicylate a centigram every two hours, quinine arsenate two milligrams, with ergotin, strychnine arsenate, veratrine, colchicine, and soda salicylate. She was better in the morning, but at 11 P. M. another hemorrhage occurred. For this she took twenty centigrams quinine salicylate and one of quinine arsenate, at once, and one milligram of the latter every five minutes. The flux ceased within half an hour. On the following day, for swollen breasts atropine and emetine were added. She rose on the fifth day after confinement.

Acosta's patient was a pharmacist, subject to rheumatic attacks for five years, becoming more frequent and severe. The urine contained a great excess of uric acid. Prescribed lithia benzoate for this diathesis,

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soda salicylate for rheumatism, veratrine for the articular phlogosis, and a laxative saline.

Two months later he reported himself completely cured, the urine normal.

Bourdon reported an acute case, a man aged 45, the fourth attack, tending to cerebral localization, temp. 103.1° F. Ordered veratrine half a milligram every half-hour till effect; thirty doses being given in two days; a laxative saline in the morning. As there was a remission next day he was given quinine hydroferrocyanide, 10 centigrams a day. A rapid cure was effected in seven days. He was left on antimony arsenate 10 milligrams a day to combat the diathesis, with colchicine whenever he felt any pains, and the saline laxative.

In a chronic case, an anemic girl, he gave the arsenates of antimony and iron, three milligrams each *per diem*, two and one-half of colchicine, and laxative saline. Fifteen days later she reported herself cured.

In a third acute rheumatismal attack, Burggrave prescribed, at bedtime, 2 milligrams each of strychnine arsenate and aconitine, and four of digitalin with a morning laxative; at meals two milligrams of soda arsenate and four of quassin; alkaline baths and massage.

For a physician whose rheumatism has left a mitral lesion, he advised as heart-tonics, digitalin and iron arsenate; for angina pectoris, strychnine and hyoscyamine.

Cebrian y Diez, treating a sailor at Montevideo, for acute rheumatism, gave laxative salines; veratrine, lithia benzoate, and soda salicylate, a milligram each every quarter hour. Next day the patient was out of bed, and on the fifth day was back at his work.

Dejumne treated three cases, relying mainly on veratrine. Ceuterick, practicing in a malarial locality, found quinine arsenate and hydroferrocyanide his best weapons. Dubois, in a case with high fever, gave aconitine alone, and secured a cure in six days.

Duchene left his patient, a woman, 50 milligrams each of veratrine, and aconitine, and 100 of digitalin, which the impatient patient took within forty-eight hours. The frightened doctor hastened to her home, to find her sitting up and demanding food.

Van Inweghe's case was a typhoid rheumatism treated by strychnine hypophosphite, veratrine and morphine hydriodate, given every quarter hour; relief coming with the twenty-fifth dose in defervescence.

Many other cases are described by the European clinicians, showing the efficacy of the defervescent eliminates, with soda salicylate and such other remedies as each case demanded.

For some years I have employed the following routine:

1. Calomel and jalapin, a centigram each every half hour for six doses, then a tablespoonful of salithia.

2. Sodium sulphocarbolate gram. 0.3 every two hours until the stools are odorless, then every four hours.

3. Sodium salicylate a centigram every 5 to 10 minutes until the fever falls and acidity ceases, by which time the articular malady will have subsided. No local remedies are required.

I began this treatment some years ago, intending to continue it until I met a case it failed to cure. That case has not materialized yet. The efficacy of this continuous salicylate medication is notable. Fermentation can not proceed while free salicylic acid is present and a grain an hour given this way is better than a scruple every four hours.

Chicago, Ill.

AN UNUSUAL CASE.

By G. Henri Bogart, M.D.

The mother, Mrs. Charles Masters, of Brookville, Ind., was spending the evening with her three-year-old daughter, at the residence of a neighbor. The mother had some sewing, and the little one sprang into her arms to hug her, and fell screaming into her lap.

A needle in the mother's waist had penetrated the child's chest above and to the median line from the nipple.

Drs. Garrigues and Buckingham, who both live in the same block, were summoned by 'phone, and came immediately.

The needle, which had projected about half an inch above the skin, was now entirely hidden. An incision was made to release the contractile clasp of the skin,

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about the needle, which now that it was free, rose fully five eighths of an inch, with each pulsation, and at the same time sweeping in a twisted circle.

The incision in the muscular tissue was widened a bit to admit a forceps lengthwise, and the needle drawn from the heart.

The child immediately became easier, and the shock passed away at once. The external wound was closed with a gauze compress and bandage, and the child was apparently none the worse for the experience. From the motion of the needle when released from the grip of the skin, we concluded that it had penetrated the apex and had not entered the cavity. The child is of a highly nervous temperament.

The only lesson is that a physician needs be prepared for emergency, and particularly that he shall be sure and then act promptly.

My very dear friend, the veteran Willial Colby Cooper, tells me that when he was in practice in Indianapolis, thirty-five years ago, he was walking quite early toward his office. A patron rushed out of his residence and said, "Hurry, doctor, to the office; I just swallowed half an ounce of tincture of aconite."

The office was several squares away, no stores were open, and the doctor was without his pocket case.

"Open your mouth, sir," commanded the doctor; and no sooner did the man obey than he spat his chew of tobacco down the man's throat. The man quickly divided his time between trying to mash the doctor's face and attempting to vomit himself wrong-side out, and when the emesis became well established the doctor faded into the perspective.

It was nasty—horribly nasty—but it made all the difference between life and death to the patient.

I do not presume any reader will ever have to draw a needle out of a child's heart, nor yet that he will spit his after-breakfast chew down a patient's throat, but he will have emergencies where promptness and certainty spell "life."

It were well for us to imagine the unexpected, and then when the emergency does come, though not the one we had anticipated, the mental athletics will help in rising to the occasion.

Brookville, Ind.

CAUSUS MORBI VEL PATHOGENESIS.

By W. M. Alter, M.D.

The cause of disease has been a subject for research by medical men from the time of the remote antiquity, and has been the most prolific source of the generation of theories of our great writers on the interesting subject of pathology. All the Nosologic writers, when we study their classification of pathologic conditions, have an element of disappointment in them when we size them up as guides for therapeutic accuracy. And if we have to depend upon our writers on etiologic science to give us a scientific cause for all pathologic conditions before we can help the *vis medicatrix naturae* restore health, we must stand idle all the while, and see disease do its work without making an intelligent protest.

As evidence of my assertion, look back over the last century or two, and see what changes have taken place. Compare Cullen's nosology of the eighteenth century with his co-temporary rival, our Benj. Rush. And behold the difference. And if our profession is under any obligation to show compunction for errors which have swept away thousands in the endeavor to fit their therapeutics to the false etiologic deductions from the various nosologic arrangements of these rivals, I think they should bow their heads and weep over their many unfortunate victims. However, Rush became convinced and left on record this statement. He exclaims: "What mischiefs have we done, under the belief of false facts and false theories! We have assisted in multiplying diseases; we have done more, we have increased their mortality."

Some of your readers may console themselves with the thought that we have a perfect scientific knowledge of the origin of disease to-day, and this quotation from Dr. Rush introduced another I will allude to here from Lord Byron, who called the art of medicinee the "destructive art of healing," cannot be used as criticism on medicine to-day, for we have the undoubted evidence and testimony of the unerring science of bacteriology that we have pathogenesis placed on an unassailable scientific foundation. But stop and take a retro-

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spective view of the discarded theories along the pathway of medical history, and you will see among those theories which have been buried in the rubbish of this wreck of medical theories as beautiful and logical theories as the present germ theory advocated by our germ theorists of to-day. And I want to say here with all the accumulated wisdom, and with the useful aids of chemistry, the microscope and all the other modern aids to the investigation of this difficult problem, that the truth of this germ theory is not demonstrated to my mind as a scientific etiologic factor in the numerous diseases for which we have named for us a specific—pathogenic germ; and this theory may suffer in the near future the fate of many another brilliant theory.

Neither has late therapeutics based upon these conclusions by scientists been more successful than formerly. Quinine will cure an intermittent no sooner than it did before the announcement that the caustic factor was a poison or germ, introduced by the mosquito. I do not deny the truth revealed to us through the microscope and demonstrated by bacteriologists that there are organisms in the blood. Nor that mosquitoes and other insects are poison and capable of causing pathologic conditions. And yet I doubt very much whether the plasmodium malarial is the cause of the different malarial manifestations, and that the anophelas is a necessary intermediate agent in order to set up the disease.

It is more philosophic, I am led to conclude, that these parasites in the red blood corpucles are the result of the diseased or pathologic condition, and are the manifestation of the agents of disintegration of celular integrity; and as to the mosquito's function in this pathologic drama, Mr. Scientist and defender of this germopathic etiology, where did that poor anathamatized insect obtain its first load of patho-toxin in order to start its malarial career? Until answered, this question, we had just as well retain such words as these, *mala aria* (bad air), *malaqua* (bad water) in our nomenclature. I might make the same objection to the yellow fever mosquito. But one says: O, yes, Doctor Alter, look how our proplylactic measure based on the hypothesis of the mosquito theory in yellow fever has almost wiped this disease out. I account for these results largely from the improved sanitation, and the emphasis placed upon cleanliness by the development of antiseptics and hygieneic conditions. Remember, I do not doubt but what mosquitoes and flies and many other insects can be the means of introducing what I will assume to call pathotoxin. And as well informed doctors who have practiced 35 or 40 years will call to mind that in 1849 one of our prominent American physicians—John K. Mitchell—was the first to claim the parasitic origin of malarial fevers; ten years later John K. Barns, U. S. A., suspected this mode of origin for this disease; so that theory is not so new as many would assume. My father, Dr. J. W. Alter, declared often in about 1858 and 1860 that he believed insects to be promoters of disease. Yet it remains to be demonstrated in many of its details before we can accept of this mosquito as the only method of infection or the hypothesis a scientific certainty.

Now from this germophobic absurdity let us turn our attention for a little while to some things which furnish us a reasonable scientific etiologic basis to build scientific therapeutics on. And while scientific bacteriologists may not be able to answer all our foolish questions in regard to the mosquito theory, it is well to remember that the science of bacteriology has brought to view some facts which we are pleased to note has demonstrated that this field furnishes a vast territory for hypothetical theories. And who is able to say that vast benefit may not result to our race if investigations continue on these lines?

In the meantime, though, let us confine ourselves to a few simple facts as disease factors, and try to remedy this matter, and advance scientific therapeutics by a proper physiologic medication, which I claim is the specific application of therapeutics to known pathologic conditions. A proper knowledge of physiology by which we understand the official functions of each organ in the body. Knowing this much, if any organ or set of organs which compose one of the vital apparatuses, such as for instance, the circulatory apparatus or the digestive apparatus or the respiratory apparatus, fails to perform its functions properly we know then that a pathologic condition

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exists. And if we are able to read the symptology properly we may practice medicine physiologically and scientifically; and while it might not be so easy to learn to discriminate between pathologic conditions, as if the bug-o-pathic theory of disease was correct, nor to apply the proper pathocide for if that was correct, all the doctor would have to do would be to make his diagnosis from the proper bug brought to view in the case, this being confirmed by proper analytical diagnostic methods, and then having the proper bugocide, labeled and applied, he should be able to cure the disease, though in our practice of physiologic medicine, we can prescribe specifically if we know our case, and also know our drugs.

There are no pathologic conditions but leave to the clinician a language which informs him what part is out of harmony with its proper physiologic functionating, and will direct the mind of the intelligent physician to the proper course as regards therapeutics. It is by the objective and subjective symptoms that we are able to mark out the territory of pathologic lesions.

Water, air, barometric and thermometric variations may act in harmony with other causes to produce numerous pathologic conditions called diseases. Like diet and how and when taken often acts as pathogenic factors, and I will say here that errors in selecting food may cause grave diseases. We often eat too much indigestible food which is not adapted to the nutrition of our bodies, and this causes an unballancing of the metabolistic adjustment, disturbing the physiologic adjustment between anabolism and catabolism. You can perceive that when this condition exists, whether to the extent which will notify the individual through the sensory apparatus that he is sick, or not; we know he is sick or diseased, for to my mind I feel like in answering the question of what is disease? I answer: Any state or cause which disturbs the physiologic functions of any organ or number of organs; when this condition exists the person is diseased.

Heredity I regard as one of the most potent factors in pathogenic processes, and although we may not in our present state of knowledge be able to uncover the mysteries of heredity, yet we are able to conclude scientifically that it plays a large part in vital and pathologic phenomena, and is susceptible of scientific treatment. We expect our children to inherit our features, complexion, color of hair and eyes and all the cell formations, and they do it. Hence, we, reasoning *apriori*, establish a scientific answer that heredity is a cause of disease. Grant this and we must concede that if a pathogenic factor, it is, we conclude, a crimogenic cause, and have those conditions recognized as diseases, may be stamped upon the prenated victims, and only have all these things developed by ante-natal environments.

If I had time I should like to elucidate the fact I have touched on in this article, and to have pointed out the proper scientific treatment for all hereditary diseases. I also claim that crimogenic tendencies can be successfully treated therapeutically and by proper legislation and proper education of parents. The reader may see that if medical men do their duty they have a more solemn trust than to spend years in studying germ pathogenesis; when, if we take the proper course, we may eliminate not only disease, moral and physical, but criminal propensities may be obliterated, and thus do more toward bringing peace, harmony and happiness to our race than our present method of treating them by jails and judicial executions, and all our expensive and cruel methods of meeting them. It is a great service for us as physicians to restore health to our patient after he has become a victim of disease. How much better would it have been had we prevented his suffering, with the suffering incidental in such cases to friends, by preventing him from being sick?

Now, many of these disasters can be avoided by properly applying the scientific knowledge we possess, and it is our province to increase our knowledge along on these lines; and our search for scientific knowledge should be stimulated along these lines.

The subject I have touched on in this paper is a profoundly deep one, and should elicit the co-operative efforts of scientists, legislators and every other recourse for this great end. The moral and physical elevation of our race should be cultivated. We should remember that a criminal drunken father may impose upon the generation

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to which his children belongs a criminal and a debaucher of womanhood, and we should adopt a course which would announce the eternal protest against allowing the channels of generation to be used to stamp the insigna of crime on the citizenship of earth.

Let us not legitimatize a matrimonial alliance which has the power to place the destiny of crime and all hereditary diseases on prenatal innocence. Let me in conclusion place before the reader a brief summary of the most powerful causes of disease, physically and morally.

Impurities in air and water, and what we eat, including all indiscretions in diet and habits, immoralities included, and barometric and thermometric variations.

Heredity is the cause of more morbid conditions and moral discrepencies of character than any other causes.

Brother doctors, pause long enough in your bug hunt to consider the claim of the generation yet unborn, to be born well; and this means far more to our race than any superficial rally around theories, which, to say the least, are possessed of the elements of doubt. Each child should inherit as a natal right to have physically, morally and mentally, pure parents, and our profession should contribute its quota to the control of all adverse circumstances to this happy end, and so far as is possible for human agencies and human wisdom to control this affair, it is our duty to do so.

If the editor publishes this I will follow it shortly with some brief practical suggessions by way of the proper treatment of all the morbid conditions which I have brought to view in this paper.

England, Ark.

SUNSHINE AND SHADOWS..

By W. T. Marrs, M.D.

It seems that a good many doctors like to read stuff written in a lighter vein as the incidents and comments treated of perhaps touch responsive chords in their own lives. So I am prompted to indite another short letter along the same line as a sort of recognition of many personal letters I have received.

I think I shall say something about peculiar cases and unique patients. The person who makes a diagnosis of his own case from his own intuitive knowledge or from reading a "family physician" book is always interesting. I once had my diagnosis of an injury questioned by a Hibernian gentleman who wore blue clothes and carried a nice stick about eighteen inches in length. My police friend insisted that the man only had a "busted striffin'." Some of our lay friends know symptoms galore, but they nearly always misapply them. I have known neurasthenics who were able to make the more ordinary tests for abnormal constituents of the urine. The hay fever victim usually knows all the remedies extant for this esthetic malady, and their learned discourses will sometimes make the doctor feel cheap. I once knew a neurotic lady who possessed a rhinitis which she gave an unusual lot of attention. The trouble was regarded as rather inconsequential by all the physicians she had consulted, although the lady had acquired a stupenduous amount of knowledge on "catarrh" in general and was fully conversant with all the stages and types of that ubiqutous disorder. One day she visited a very practical medical man in a nearby town and gave him the history of her case, and incidentally a good deal of a lecture on catarrh. The bored doctor in talking to me later said: "I saw the lady knew more about catarrh than I did, so I told her to go home and *sniff salt water up her nose.*"

Speaking of hay fever, were you ever called to administer a hypodermic for one of these individuals only to find that he was a dope fiend? Hay fever, asthma and colic are paroxysmal affections that frequently call for hypodermic medication. Sometimes, very often in fact, such sufferers have a narcotic habit engrafted and can work up a pretty good case when they feel the need of the "gun." I have in a sort of general way placed the taboo on the hypodermic syringe and use it only when I know there is ample provocation for so doing. Dope fiends are easier made than cured.

Many of the cases that come to us for treatment are brought about in queer ways. A year or so ago a man came to me suffering from an injury to the glans penis.

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While seated on the stool of an out-door privy a large rat had taken a generous nibble at the pendant organ, and the healing process was not completed for several days.

A woman while busy ironing thought to save time by urinating in a pail of ashes which sat in the kitchen near her work. The ashes happened to be hot and, according to the adage, the sparks flew upward, burning the hair off the vulva and pubis, as well as scorching the tissues beneath; a very painful injury and incidentally one to be long remembered by the patient.

Another unique case to which I was once called was a case of a premature labor in a young woman who was already the mother of one child. While hanging a picture she fell on a chair post, which entered the vagina. Labor set in at once and while ahead of time a month or so, the child was apparently not a sufferer from the accident.

One of the first cases I was ever called to see was that of trismus in a weak, tubercular woman. The jaws had been firmly locked for some time, and how to get them apart was to me a bigger riddle than that of the sphinx. My professor on the maxillaries had never told me what to do for a proposition like this, so I had to work out my own salvation with an abundance of fear and trembling. I introduced my bare thumbs back near the ramus of the jaws—they were not closed down tightly—then I pushed. The adjustment was perfect, and soon the patient was talking. As I now look back on this incident I can see that my unprotected thumbs had a lucky escape.

Every doctor runs across a dermoid cyst occasionally. Young surgeons practice on these things and tell how they removed a "tumor" from So-and-So. Some "suckers" hasten an operation by telling the victim if it is not early removed it will "turn to a cancer." I have during the past fifteen years paralyzed a number of these cysts, but it is of the first one that came my way that I desire to speak. A young man about to become a benedict had one of these unsightly objects on his face and he arranged with me to remove it on a certain date. I was to get five dollars for the "operation." I needed the money, too, and you will agree that what happened was provoking. On the Sunday before the day set for the surgical work the young chap got into a scuffle with some companions, and one of them fell on the tumor and smashed it to smithereens. On this very same basis many ambitious surgeons advise an early operation for certain things, fearing the patient will get cured some other way.

Peoria Heights, Ill.

ALCOHOL AND THE PROFESSION.

By D. L. Field, M.D.

The writer was twice the nominee of the Republican party, unsolicited, for State Senator, from two Democratic and one Republican counties, and while the first race was free from the issue of prohibitive "local option" as to the liquor traffic, and while the normal Democratic majority against me in the three counties was about seven hundred—my opponent won by one hundred and fifty. The next race, the temperance issue was dominant, and from Watson, candidate for Governor, down, we stood squarely for temperance, *i. e.*, "local option," which is purely and strictly local self-government; but we went down in defeat. It may sound like sour grapes, but I would rather lose in a *good* cause than win in a *bad* one!

Now, to what I intended to say: A minister of the gospel, in the course of an address, made this accusation: "You are informed by the medical profession that alcohol is a medicine. Let me tell you this is a sad mistake. It has no medicinal properties whatever, and the man who prescribes it in any form, for any purpose, is a quack!"

In the campaign to which I referred, it was proclaimed by fanatical speakers that alcohol was only a poison in all forms and doses, and that a large part of the evil of intemperance was justly chargeable to the false teachings and practices of the medical profession!

We *do teach* that alcohol is a medicine. It corrugates animal tissue; coagulates albumen; it applies itself to the walls of the blood vessels; the current of blood is hastened; the force and frequency of the heart is increased; and there is a general exaltation of all the organic functions; increase of appetite, and digestive power; increase

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of secretion of skin and kidneys; the encephalic centers are especially acted upon, and hence we have exhilaration of spirits; great rapidity of thought; flushed face, and suffusion of the eyes, etc. Now, no intelligent and conscientious doctor will advocate excessive doses of the stimulant, but will only use enough to assist in rousing the dormant and flagging vital force, as in states of great prostration and shock, where the nervous centers are crushed, it awakens the slumbering forces of life and will often snatch a victim out of the jaws of death. In the Civil War a surgeon might as well have gone on the battlefield without his knife as without alcohol! I was with my father at Shiloh, and without whiskey many hundreds would have died; as whiskey in large quantities was given before and after surgical work. What could take its place at such a time—when arms and legs were piled up like ricks of cord-wood? No time for anæsthetics!

It is a medicine which whips up, and spurs the vital forces, and science so teaches; but while this is true, it warrants no one in abusing its use in a state of health. He, therefore, who struts upon the platform—be he a minister of the gospel or an imp of the devil—and charges the medical profession with the crime of making drunkards, is either a knave or a fool, and often both. While the science of medicine thus teaches the value and uses of alcohol, we by neither word or act teach no more.

Finally, we hold that it overcomes depression by arousing suppressed innervation; by cheating too rapid waste; by supplying fuel in exhaustion of carboniferous material.

There is no profession—the ministry not excepted—who are more correct in their habits, or more conscientious in the discharge of their duties, than the intelligent medical men. It is also true—and more's the pity—that we have doctors who indulge in alcohol as a beverage, and there is no more hideous monster than a drunken doctor!

Uses of Alcohol.—"Look not upon the wine when it is red; when it moveth itself aright, and showeth its color in the cup; for at last it biteth like a serpent, and stingeth like an adder." There is such a thing as the use and the abuse of all good things.

Alcohol is necessary in the arts, and in many instances, there is no substitute for it.

Bartholomew says: "The disposition of alcohol in the organism is a subject which has undergone several revolutions of opinion. At present the weight of opinion is in favor of the view which maintains that, within certain limits, alcohol is oxidized and destroyed in the organism, and yields up force which is applied as nervous, muscular and gland force." We know how indispensable it is in the various low states of the system; and it is invaluable in the form of wines, for the sick. My own observation is, that nothing is more effective in allaying sick stomach in gastritis, than frozen champagne. The claret, white tokay and sparkling catawba are especially grateful in the convalescence of long-continued illness. It consoles and sustains till food can be relished. In Othelo occurs: "Good wine is a good familiar creature, if it be well used."

I was consulted by an elderly gentleman, who appealed to me to give him something for insomnia, as he said he had not slept for two weeks. He probably exaggerated, but I looked at him closely, and became satisfied that he had cerebral anæmia. I told him he must not use narcotics, and he replied that he had done so, but got no sleep. I concluded that I would give him something to fill up the vessels of his brain, and blunt the sensibility of his nerves. He was a banker. I had whiskey on hand, and mixed up about a half glass, disguising its taste by gentian, peppermint, etc., and it being about 11 P. M. when he called, I told him to drink it, ask no questions, and hurry home to bed. I was afraid he would be drunk before he reached home, although he only lived three squares away. The next afternoon he came to my office, his eyes looking like two burnt holes in a blanket, when he asked: "What in the name of sense was that stuff you gave me last night?" "Why?" I asked. "My stars, I slept so sound that my wife waked me up." "It was whiskey," said I. "My God," said he, "you don't want me to be a toper, do you?" I explained his condition to him, and directed him to send to a certain doctor in Louisville, and order one dozen bottles of Philadelphia ale; that there was a brewery

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there over a hundred years old, and their ale was made of pure hops and barley. I had tried it on others. I explained to him the valuable soporific properties of hops; told about lupelin, etc., and instructed him to drink a bottle of it every night before retiring, and it soon cured his insomnia and nervousness. Such a stimulant, and nutrient is far superior to whiskey or wine, because of the tranquilizing effect of hops, and the nutrient effect of barley.

Jeffersonville, Ind.

PHYSIOGNOMIC SYMPTOMOLOGY.

By G. C. Young, M.D.

The face is the index of the mind and the faithful mirror of disease. If by its lineaments we trace each thought and the heart's inmost emotions, not less visible are the effects of grief or sorrow or pain, the inevitable accompaniments of the many ills of the human body.

The sun shining on the whole face of nature, the fields decked in the richest green, the flowers robed with all their beautiful tints, and the breezes gently whistling in our ear, whilst the running stream sweeps on in its merry course along through covert brake and flowery dell, confirms to our finite minds the oneness and the wisdom of omnipotent rule. The law pervading nature, governs all things, from the mightiest oak of the forest down to the lowliest flower, and in all the stages of man's life, from the simplicity of childhood to the buoyancy of youth, and from the sanguineness of manhood to the gravity of old age, the same unvarying sway is held, and so with all our bodily infirmities, from the irritation in infancy which accompanies dentition, to the eruptive disorders of childhood; from the inflammatory attacks of youth to the febrile maladies of manhood, and onwards to the chronic and enfeebled condition of old age, the same unvarying law holds sway. As it is in health, so it is in disease; with the one there is mental energy; with the other bodily weakness—the one a living power, the other a frail decay. And how are these conditions made known to us? The presence of health is not an enigma: we cannot conceal it. It speaks to us with a true, and though silent, yet with a potent voice. So will disease, the presence if which is sometimes dimmed, and the signs of which are often mysteriously occult; yet to the observant mind and the clinical eye there is that token which speaketh true and sure.

With our outward gaze we may look on the body and study its position, writhing it may be in pain, or lying prostrate from exhaustion. The hand we may seize, and though its warmth may afford us indication, yet all this fails to enlighten us until we look upon the features of the face, which speak to us with unerring truthfulness, and like an open book the mystery vanishes and the truth is plain before us. There is the eye robbed of its brightness, the brow of its smooth composure, the cheek of its color, and the lips of their tint. Need we be told that disease has laid its fatal imprint on some fair child? Like the rivers formed by culminating streams, whose treasures are obscured for a while by their turbidity, become at length clear and translucent, so that with the noonday sun our gaze can penetrate to its lower depths; so with disease—if it fails to reveal itself with palpable clearness, and though cloaked with a seemingly impenetrable obscurity, we may look on the sick one's face for positive information, and shall it be said that we look on it in vain?

Man's reflective mind, the gift of an all-wise providence, fostered by wisdom and tutored by experience, becomes stimulated with knowledge for the love of science, so that much which is obscured becomes revealed before us. Other senses than those of vision are powerful coadjutors and lend a priceless aid. Our touch, and even our taste, no less our hearing and our smell, assist us in the investigation of disease. Much as we may extoll the assistance which percussion gives us by the touch and the ear which listens to its sound, or the condition of the lungs and heart derivable from the aid of osculation, or the presence of fever which our sense of smell so speedily informs us, yet much is there we glean from quiet observation and our vision's glance.

To the student of nature how much of its beauties are unfolded to the eye; to the astronomer, to the geologist and the physiologist, the knowledge of the mysterious

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functions of our physical organs; and not less to the accomplished physician, whose domain it is to take in at a glance the range of disease, wide though the range may be.

Long accustomed to the treatment of functional and organic lesions of the body, it has often occurred to us how much our sensational enjoyments amid the busy pursuits of practice have been excited, and how much our labors have been lightened, our various doubts removed,, our suspicions confirmed, and our hopes raised by observing the different phases which the countenance assumes during illness, so much so, indeed, that whenever duty calls us to the bedside of a sick one, we at once look for the physiognomy to apprise us of the nature of the sick one's troubles.

The study of the general character, or of diseased states, from the features of the face and the cast of the countenance. Three principal traits observable in the face of young children in particular, are:

1. The oculs-zygomatic trait, commencing at the greater angle of the eye, and lost a little below the projection formed by the cheek-bone. This is the index of disorders of the cerebro nervous system.

2. The nasal trait, beginning at the upper part of the ala nasi, and embracing in a semi-circle more or less perfect, the outer line of the orbicularis oris. A trait is sometimes observed towards the middle of the cheek, forming a kind of a tangent with the nasal trait, and sometimes constituting the dimple of the cheek; this is known as genal trait. These indicate disorder of the digestive organs and the abdominal viscera.

3. The labial trait, beginning at an angle of the lips, and lost on the lower portion of the face. It indicates diseases of the heart and air passages.

4. The face grippee, or pinched in face; this expression indicates peritonitis. The features are changed and appear drawn up towards the forehead, which is wrinkled and the nose pointed.

We would further state that a dull expression of face indicates typhoid fever.

A full red face, and blood vessels of eyes injected, indicates enlargement of the heart and brain conjestion.

Wrinkles across the forehead indicates excessive pain.

Pinched nose, hollow temples, skin of forehead tense and dry, and a livid complexion, indicates chronic internal diseases which are near a termination.

Wrinkles from forehead vertically to conjunction of nose indicates internal distress and deep anxiety.

White line from the upper part of the ala nasi curved to the outer margin of the orb of the eye, indicates, by the lower part of the line irritating disease of the stomach, the upper part of the line indicates bowel disease, mostly the upper part of the tract. If there is drawing in of the cheek, fixed eyes and a wan expression, the presence of worms are indicated.

If there is a white line from the inner angle of the eye to just below the cheek bone, in children, a brain or nervous affection is indicated, and in adults abuse of the generative organs.

A white line from angle of mouth to lower part of face in children, indicates chest affections.

Swelling of the eyelids and of the face indicates albumen in the urine.

Hectic flush so often seen in the face indicates chronic disease and often pulmonary tuberculosis.

Frequent motion of the eyelids indicates mania and idiocy.

Palsy of the upper lid indicates injury to the third pair of nerves. Forcible closure of the eyelids intolerance of light.

A white or dingy greenish face indicates a low difficient condition of the blood, jaundice.

The clinical or practiced eye can at once detect the principal organ at fault; the eye from its close alliance to the brain, participates at once in all its affections; the nasal apertures and the cheeks at once, if the pulmonary system is in fault, the puffed eyelids, and bloated looks, and pallid aspect, if the heart is affected, confirm beyond a doubt if the *area senilis* surrounds the cornea, which is a sure indicator of fatty degeneration of the heart; whilst the flushed face, the parched lips, speak at once of gastric derangements, and sallow looks of hepatic disorganization.

These appearances might be considerably enlarged and come home to us from our own personal observation; the more earnest the glance, the more eager the perception,

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the greater our depth of observation. Nay, so firm is the conviction we hold as to the truth of disease going hand in hand with facial impressions, that we are almost bold enough to assert that no disease exists but what its effects are more or less manifested on the countenance. We use the word *"almost"* here, to shield ourself, if need be, from hostile criticism, and guard ourself thereby, although the opinion advanced, being a tenable one, is not likely to be assailed.

Without controversy, my object will be gained by admitting with a tacit acknowledgment that maladies always co-exist with facial indications of some sort, and that there is truly a physiognomy for every disease.

Whether in the long and lingering effects of illness, where the patient has been on a bed of affliction, it may be for months or even years, or whether in the immediate onslaughts of inflammatory disease, how marked are the features? The deep furrows and wrinkled brow mark the tardy and slow progress of the disease in the one; whilst in the other of acuter form with pain and anguish, both sharp and severe, the lips and compressed mouth indicate intense suffering.

To sit by the sick one and make a mental diagnosis from the external index is not a gift to all, but the face will always speak to the observing physician in language which is worthy of attention.

Washington, N. J.

A SELECTION OF SEVENTY REMEDIES.

By J. A. Burnett, M.D.

A physician could take the following seventy remedies and do a general practice. This selection may be of value to young physicians who do their own dispensing—a thing that most physicians should do: No. 1—Calomel, a useful remedy, both internally and externally. No. 2—Quinine bisulphate or sulphate—the bisulphate preferred, as it is more soluble and less bulky, hence more handy to carry. The bisulphate can be used externally for systemic effect.

℞ Quinine bisulphate .....ʒj.
Glycerin .....q.s. ad. ʒiv.
Sig.—Apply two drams locally over the body, inner sides of the thighs and under arms.

The external use of quinine has some advantages over its internal use with children and when the stomach is irritable.

No. 3—Acetanilid, the uses well known, as well as its dangers. No. 4—

℞ Salol .....gr. 40.
Bismuth subnit. .....ʒij.
Paregoric .....q.s. ad. ʒij.
Sig.—One teaspoonful every two or three hours in diarrhea.

No. 5—

℞ Potassium acetate,
Fld. ext. buchu,
Spt. ætheris nit. .....āā ʒj.
Codein sulph. .....gr. iv.
Infus. trit. repens. ..q.s. ad. ʒxvj.
Sig.—Half an ounce every three hours in acute cystitis, and when an ordinary diuretic is needed.

No. 6—

℞ Strychnine sulph. .....gr. ss.
Cinchonidia sulph. .....ʒiv.
Ferri sulph. .....ʒj.
Magnesia sulph. .....ʒij.
Acid sulphuric.....q.s. to solve.
Aqua lavendulæ .....ʒxvj.
M. Sig.—One tablespoonful three times a day in malaria.

Another very similar prescription is:

℞ Cinchonida sulph. .....ʒj.
Magnesium sulph. .....ʒiij.
Iron sulphate .....ʒij.
Sulphuric acid.....q.s to solve.
Spts. lavender comp. .....ʒij.
Aqua .....q.s. ad. ʒxxxij.
Sig.—One tablespoonful three times a day in malaria.

No. 7—Calcium creosote. Full information on this remedy can be found in the *Monthly Cyclopedia and Medical Bulletin*, from the pen of Dr. Louis Kolipinski. No. 8—Protargol, the standard remedy for an injection in gonorrhea. No. 9—Normal saline solution; the uses very important and well known. No. 10—Blenol, a solution of bismuth and hydrastin. A valuable remedy in diseases of the mucous membranes and as an injection in gonorrhea. No. 11—Adrenalin chloride solution, uses well known and important. No. 12—Chloroform. No. 13—Ethyl chloride. No. 14—Spleen extract for malaria and other conditions. No. 15—Oxgall (See my article March,

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1909, Wisconsin *Medical Recorder*, on "Ox-gall.") No. 16—℞ Equal parts of camphor gum, carbolic acid and chloral hydrate; a valuable surgical dressing and of use in various skin diseases. No. 17—Tablets:

℞ Cresotide .....gr. ¼.
Pepsin (1 : 3000).....gr. j.
Ext. nux vomica.....gr. ⅛.

This to be made into one tablet. Dose, one or two tablets three or four times a day. No. 18—Tablets:

℞ Cresotide .....gr. ¼.
Reduced iron .....gr. j.
Arsenic trioxide .....gr. 1/60.

Make into one tablet. Dose, one or two tablets three or four times. Cresotide or cresote iodide is a chemical combination of creosote and iodine 75% of the former and 25% of the latter. It can be used where creosote or iodine is indicated. No. 19—Berberis aquifolium compound:

℞ Berberis aquifolium.....35 parts.
Trifolium pratense .....25 parts.
Burdock seed .....20 parts.
Cascara sagrada .....17 parts.
Iris versicolor .....16 parts.
Xanthoxylum berries ...12 parts.
Sanguinaria canadensis..12 parts.

Mix and make a fluid extract. A fluid extract of this is made by The Chas. H. Pattison Co., of Chicago, Ill. It is a formula originated by Dr. J. C. McCandless. He gives its properties and uses in the following language: "A powerful stimulating alterative compound for all low blood disorders; specially indicated for syphilis, but may be used to advantage for psoriasis, scrofula and cutaneous diseases. Being so highly stimulating the large quantity of cascara sagrada is needed to keep the bowels open. In a few cases more cascara may be needed, but the present combination will answer in the greatest number of cases—especially syphilitic patients. "Dose—One and one-half ounces of the fluid extract put in two and one-half ounces of simple syrup. One teaspoonful four times a day, after meals and at bed-time."

No. 20—H. M. C. Tablets. No. 21—Cocaine hydrochloride. No. 22—Zinc sulphate. No. 23—Morphine sulphate. No. 24—Strychnine sulphate. No. 25—Hydrochloric acid. No. 26—Boric acid. No. 27—Lead acetate. No. 28—Echinacea angustifolia. No. 29—Vaseline. No. 30—Zinc Oxide. No. 31—Silver nitrate. No. 32—Santonin. No. 33—Quinine and urea hydrochloride. No. 34—

℞ Dilute hydrochloric acid.... 8.0.
Tinct. nux vomica..... 4.0.
Comp. tinct. cardamom.....64.0.
Comp. tinct. gentian .....164.0.
Whiskey .....128.0.

M. Sig.—One tablespoonful before each meal in anorexia.

No. 35—Glycerin. No. 36—Elixir lactated pepsin. No. 37—Febriline. No. 38—Bechol. No. 39—

℞ Morphine hydrochloride ...gr. j.
Apomorphine hydrochloride gr.¾.
Dilute hydrochloric acid.....ʒss.
Syr. prunus .....ʒiv.
Aqua .....q.s. ad. ʒiij.

Sig.—Dose one teaspoonful as needed for cough.

No. 40—Asclepias tuberosa. No. 41—Myrica cerifera. No. 42—

℞ Ext. colocynth comp. .....ʒxij.
Ext. belladonna .....ʒj.
Ext. nux vomica .....ʒiv.
Podophyllin .....ʒij.

Make into six thousand pills. Dr. G. C. Pitzer said: "People have learned to rely upon these pills and say they remove biliousness, overcome constipation and always move the bowels gently without exciting pain or nausea, and are exceedingly convenient in an office where we dispense all the drugs we prescribe." According to my opinion, the extract of hyoscyamus should be used in place of the belladonna and ox-gall or phenolphthalein could be added in suitable quantities.

No. 43—Cactus. No. 44—Sabbatia angularis. No. 45—Ergot. No. 46—Sodium salicylate (from true oil). No. 47—Potassium bromide. No. 48—Potassium permanganate. No. 49—Apomorphine hydrochlorate. No. 50—

℞ Magnesium sulphate .....ʒxij.
Tr. opium deod.,
Arom. sulphuric acid.....āā ʒj.
Peppermint water....q.s. ad. ʒiv.

Sig.—One tablespoonful every two hours until the stools are free and watery, then every three to seven hours as required.

No. 51—Bismuth subnitrate. No. 52—Salol. No. 53—Zinc sulphocarbolate. No.

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54—Corrosive sublimate. No. 55—Iron subsulphate. No. 56—

℞ Fld. ext. cimicifuga,
Fld. ext. ergot .....āā 3v.
Fld. ext. cottonroot.....ʒj.
Simple elixir .....q.s. ad. ʒiv.

Sig.—One teaspoonful four times a day in cases of amemorrhea.

No. 57—Lithium benzoate. No. 58—Lobelia inflata. No. 59—Dover's powder. No. 60—

℞ Methylene blue .....gr. j.
Cubeb powdered .....gr. j.
Copaiba mass .....gr. ss.
Ext. kava kava .....gr. ¼.
Santal oil .....m ¼.

Make into one tablet. A useful tablet in gonorrhea and various other conditions.

No. 61—Sodium bicarbonate. No. 62—Hydrogen peroxide. No. 63—Viburnum prunifolium. No. 64—Capsicum. No. 65—

℞ Powdered myrrh .....1 lb.
Powdered capsicum .....ʒi.
Alcohol .....1 gal.

Mix and let stand twenty days and filter, and it is ready for use. It is a good antiseptic and stimulant.

No. 66—Alstonia constricta. No. 67—Simaba cedron. No. 68—Opium. No. 69—Ammonium chloride. No. 70—

℞ Fld. ext. corydalis .....3iv.
Fld. ext. stillingia,
Fld. ext. alnus,
Fld. ext. podophyllum .....āā ʒj.
Fld. ext. kalmia .....ʒiij.
Potassium iodide .....3iv.
Simple syrup .....q.s. ad. ʒxvj.

Sig.—One teaspoonful after each meal and at bed-time.

Gans, Okla.

TREATMENT OF DYSMENORRHEA.

By Albert C. Geyser, M.D.

Professor of Physical Therapeutics, Fordham University; Clinical Instructor in Radiography and Radiotherapy at Cornell University; Lecturer in Electrotherapy and Radiography at the N. Y. Polyclinic School and Hospital, etc.

1. In congestive dysmenorrhea, we have two indications for treatment: First, something that will prevent the congestion of the internal parts. Some form of ergot and quinine are the agents indicated; both exert a marked influence in controlling the pelvic circulation by contracting the arterioles. Cool, not cold, rectal and vaginal douches oft repeated and prolonged; cold compresses over the abdomen of short duration, repeated at long intervals for the reaction effect. A hot douche bag or sand bag over the lower dorsal and upper lumbar region to stimulate the vaso-motors to a constricting influence at their peripheral distribution.

Second—Some agents capable of increasing the superficial or peripheral blood supply. Alcohol in the form of whiskey or wine in small doses oft repeated, nitroglycerin small doses oft repeated, any of the nitrites carefully given. Opium, chloral hydrate and the bromides are indicated, but I mention them for the purpose of calling attention to their baneful influence; they should if at all possible be avoided. A warm full bath, prolonged and repeated, a short hot foot bath, warm sitz bath. The auto-condensation electric current for 15 to 30 minutes daily for its effect upon the peripheral circulation. The static wave current over the abdominal contents. Galvanic current negative for its stimulating effect over the lumbar region, positive intravaginal, current strength 25 milliamperes; the galvanic treatment should be suspended during menstruation. General massage and light calisthenics will assist in improving the superficial circulation so that in time of need there will be a better balance maintained.

2. In membraneous dysmenorrhea: A complete currettage under a general anesthetic; nothing is worse than the continuous monthly irritation with a currette. If the endometrium is thoroughly removed once, and once only, there is good reason for expecting a cure. Dilitation of cervix at beginning of flow. The galvanic current, positive, copper or zinc intra-uterine electrode, the negative large abdominal pad, strength to tolerance of patient, twenty-five to seventy-five milliamperes for 20 minutes; resting every five minutes for one or two minutes without removing the electrodes, twice per week, cure may be expected after three to four months' treatment.

3. In obstructive dysmenorrhea: Thorough dilitation under a general anesthetic, first for the purpose of a proper examina-

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tion; secondly, for the removal of pollipi or tumors of any kind. A metallic uterine electrode attached to one pole of a high frequency machine; the other a large metallic abdominal plate, current from 500 to 1000 milliamperes, for 15 minutes; repeat this daily and pollipi growths, even fibroid tumors, shrink up under this current. At any rate there follows a symptomatic cure in most cases.

Galvanic current: Negative intra-uterine, positive large abdominal plate covered with moist absorbent cotton, current strength 25 to 50 milliamperes, softens and enlarges the uterine cavity, gives a very good symptomatic cure. Symptomatic cure is used in the sense that the pain disappears and so the dysmenorrhea symptoms are wanting.

4. In ovarien dysmenorrhea, the following prescription may prove serviceable:

℞ Tinct. gelsemium,
Tinct. cannabis indica ....āā ℥vi.
Tinct. cardamom comp.,
q.s. ad. ℥vi.

M. Sig.—One teaspoonful four times daily for a month or two. This mixture seems to cause some atrophic or alterative changes in the reproductive organs.

A similar mixture may be found in helonin compound in teaspoonful doses, which acts at the same time as an excellent sedative.

The X-ray over the ovarien region for five minutes three times a day during the period of menstruation will relieve the pain, then continue every other day for a month or two.

Caution.—Complete atrophy is liable to follow this treatment so that the patient may become absolutely sterile.

Faradic current.—Use nothing but a high tension current or at least 5000 feet of wire upon the secondary. Place the positive pole over the painful area, negative over interspace between the tenth and eleventh dorsal vertebra, current to point of tolerance for 15 to 20 minutes. This will relieve the pain and if persisted in prevent the return.

High frequency current.—Place an electrode over both ovaries, another over the lower dorsal region, pass 500 to 1000 milliamperes for ten to fifteen minutes; this not only relieves the pain but causes thermic influences to change the ovarien structure.

6. Spasmodic dysmenorrhea is usually found in very young girls or at least in the unmarried. The patient enjoys the best of health until the menstrual period; she then complains of pain, bearing down in character, not severe, but more annoying, intermittent, spasmodic in character. Upon examination, which should be carried on under the most gentle manipulation by inserting a single well lubricated finger in the vagina, a small undeveloped uterus will be made out. This infantile uterus upon becoming congested and filling with menstrual fluid becomes stimulated and so spasmodic contractions are set up, of which the patient complains. The treatment of this condition should consist of hot water bag to parts, Cold sponging and douches to the lower part of the spine will cause an increase in the blood supply of the internal organs. If this is persisted in night and morning for the period of three to six months, beneficial results might therefrom develop. The high tension current passed through the abdominal contents for 15 to 20 minutes on alternate days will increase the local metabolism and cause nutritive changes to take place. Should the pains be so severe as to demand relief, there is nothing better than the introduction of a small uterine sound into the cervical canal. This electrode is attached to the negative pole of a galvanic battery, while the positive must be a large well moistened pad over the lumbar region. Not more than ten milliamperes should be used, and for not longer than ten minutes for a single treatment. This can under proper precautions be carried out during the period and continued afterwards. Usually one month of such treatment is sufficient to make all future pain bearable until nature has had an opportunity to correct the error. The success or failure in the treatment of this common ailment depends upon gentleness, cleanliness, thoroughness and the possession of the proper armamentarium.

158 W. 76th St., New York City.

Anesthesia does not exist in single traumatic neurasthenia. It is frequent in hysteria, and occurs sometimes in the serious forms of nerve disturbances.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

SIGNIFICANCE OF RECTAL HEMORRHAGE.

Dr. Louis J. Krouse, of Cincinnati, Ohio, in a paper read at the last meeting of the American Proctologic Society, called attention to the importance of making a more careful examination of every case where there is bleeding from the rectum. He stated that rectal hemorrhage must not be considered conclusive of the existence of piles. Many other diseases besides piles are accompanied with bleeding. He laid great stress on the importance of diagnosing malignancy in its early stage so as to give the patient a better chance of recovery. Many cases of malignant disease of the rectum, whose only symptom is hemorrhage have been overlooked and the patient sacrificed, which would not have occurred had the family physician insisted upon a local examination, thereby diagnosing the disease in its incipiency before it had gone beyond the operable stage. He further stated that every patient is entitled to a thorough examination; and physicians are in duty bound to use all the means at their command to accomplish it. As Murray very aptly expressed himself, "Thus a case that to-day would be operable and a cure result, if diagnosed, would be inoperable in six months or a year and death result." The author reported numerous cases where a correct diagnosis had not been made on account of the negligence of the family physician. Some had been operated upon for bleeding piles which subsequently turned out to be cancer. He concluded his article with the statement "that earlier recognition of malignancy would add materially to the future welfare of the patient, which can be obtained by surgical measures, and it therefore, behooves the general practitioner to be on his guard and examine carefully every case of bleeding so as to detect malignancy in its incipient stage."

OFFICE SURGERY OF HEMMORRHOIDS.

My subject is not a startling one or new, but one that the physician should be able to treat successfully in his office without assistance except what the patient can give. I find that a great many of my patients have visited many physicians and tried a great many remedies, patent pile cures and many other things that they see advertised, also some have had surgical help and are still looking for help. Hemorrhoids are classified as external and internal tumors resulting from a varicose condition of the hemorrhoidal veins or other blood vessels of the rectum. The former have their attachment outside of the external sphincter, while the latter have their attachment inside, but can be forced down by straining if they are of sufficient size. Internal hemorrhoids are covered with mucous membrane and may be found of almost any shape, size and color. The color will indicate whether they are of a venous capillary or arterial origin. Venous hemorrhoids are bluish in color, capillary are of dark color. They are not painful but bleed easily. Arterial are of a bright red appearance, are irritable and also bleed freely. All forms of piles seem to have remarkable erectule power, and if handled roughly will become more prominent. This is very advantageous to the operator.

TREATMENT.—I first use an eight per cent. solution of cocaine on absorbent cotton, placing the cotton well in the rectum, waiting twenty minutes by the watch I inject a solution of carbolic acid and glycerin, half of each, or a fifty per cent. solution into the pile. When there are several hemorrhoids I choose the most exposed one. About two or three drops of carbolic solution, waiting about five minutes I use a Kelly hemostatic forceps closing it as close to the walls of the rectum as I can, then I use a large curved scissors to remove the

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hemorrhoid. Leaving the hemostatic forceps on for twenty minutes, but before removing the forceps I touch the severed end with nitric acid, applied by applicator. Some times you will have some trouble in getting your forceps applied, but by having your patient use his right hand and pull the buttocks out of your way, you will have but little trouble. The patient should lie on his left side.

In treating these cases I have used no ligature. The patients have no pain or hemorrhage.—*Dr. J. M. Mulholand, of Pittston, Pa., in Eclectic Review.*

THE RATIONAL TREATMENT OF TYPHOID FEVER.

Under the above caption, Dr. H. J. Achard, of Chicago, in the July number of *Medical Brief,* presents an interesting article, and concludes on treatment as follows:

The first obvious indication is a general house-cleaning. Calomel, 1/10 every hour for ten hours, followed by small doses of saline laxative every three hours until effect. Much water, to wash out the entire system. I prefer to give the water in the form of lemonade.

For systemic effect the sulphocarbolates of calcium, sodium and zinc, which seem to be the most efficient intestinal antiseptic in typhoid fever. I have used guaiacol, autozone, salol, etc., but never with quite the same satisfactory good results.

For food, clear soup, perhaps with a raw egg. Malted milk (Horlick's), Eskay's Food, or any of the liquid artificial foods. Cream and water. I do not like to give milk until recovery is well established, because of the considerable amount of casein which in the weakened alimentary canal is difficult of digestion.

I permit all fruit juices and jellies, even apple sauce, if it is very smooth.

For general measures we administer spongings and alcohol rubs, not so much for their antifebrile action, which is not needed when the sulphocarbolates are exhibited, than to give greater comfort. Ice may be applied to the head if there is much headache or if delirium is present. In such a case, however, the sulphocarbolates must be pushed, and eliminants in full doses are indicated. These must take care of the function of the kidneys fully as much as that of the intestines and skin. Abdominal inunctions with albolene are often grateful.

Encourage sleep and even assist it with the smallest possible doses of hyoscine or chloretone, because while the patient is asleep, *nota bene,* with a good nurse, he is out of mischief and is moreover less apt to get cranky and impatient.

Be sure and have bed linen changed frequently. Keep the air of the bed-room fresh.

The management of typhoid is still largely a question of good nursing, but with rational therapeutics its course becomes much shorter, there is less exhaustion, and less likelihood of sequelæ.

ATONY OF THE RECTUM.

Dr. William M. Beach, M.D., of Pittsburgh, Pa., in a paper read at the late meeting of the American Protologic Society, stated that atony or sluggishness of the rectum signifies the inability to expel its contents by reason of impaired musculature, ligimentation or innervation, and further that the musculature in the rectum proper, or that portion above the plane of the levator ani, is entirely involuntary, whose inertia must therefore be due to some inherent factor.

On the contrary, the anal canal, which is made up for the most part of the voluntary fiber, has most to do with the expulsive act, the normal function of which depends chiefly upon the muscular automaton that is intact, proper innervation and psychic influence.

The physiologic rectum depends upon (1) an unobstructed canal, (2) firm ligaments, and (3) a well-developed rectal sense residing in the anal canal. Factors contributing to atony are (a) Traumatism to the perineal body, (b) disease in the anal canal, (c) Enteroptosis secondary to general systemic conditions or local anatomic anomalies, (d) the abuse of injections and drastic catharsis, (e) disease in adjacent organs, as prolapsed uterus, adhesions, neoplasms, appendicitis, prostatitis, circulatory disturbance as engorged portal vessels and primary gastric diseases, (f) atony may be the sequel to luesis or senility. The treatment is that of constipation being guided by the

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cause. Alterative, dietetic and mechanical agencies are to be invoked.

A FEW PRACTICAL HINTS.

1. The bladder, when partially paralyzed from parturition, or any other cause, can always be made to empty itself perfectly by throwing a large amount of very warm water into the bowel, thereby doing away with the necessity of using a catheter—a most important consideration, particularly when the patient lives at a distance from the doctor. After difficult and protracted labors I have been obliged to use the catheter every day for weeks at a time, which was annoying to the patient and inconvenient to myself. Since using the above recommended plan, I have no trouble in this direction, the bowel and the bladder emptying themselves at the same time.

2. Pick out a medium-sized Jaynes catheter; pass it down until it strikes the obstruction and refuses to move another inch; fill a large aspirating syringe, holding two or three ounces, with hot water; couple the syringe to the end of the catheter, and gently force in the fluid, at the same time rotating the catheter; the pressure of the water forms a bladder-like sac at the end of the catheter, which forces the glands back, and by the gentle rotation the catheter rides over the gland and the trick is done.

3. When you succeed in passing the catheter into the bladder in cases of considerable retention, do not empty it entirely or too suddenly, as it may give rise to hemorrhage, which is sometimes very profuse, or to severe cystitis, or even urinary suppression and death. It is well to partially plug the lumen of the catheter so as to allow the urine to dribble out.

4. In order to determine the quantity of solids passed in any urine, bear in mind that in health the patient should pass about six grains for every pound of the weight of his body. If he weighs one hundred and fifty pounds he should pass about nine hundred grains. If the last two figures of the specific gravity be multiplied by the number of ounces passed in twenty-four hours, the result represents a quantity of solids equal to that many grains. To illustrate: If the sp. gr. of a specimen is 1020 and forty-five ounces are passed in twenty-four hours the 20 of the sp. gr. multiplied by the 45 equals 900 grains. This rule can be applied to all quantities and specific gravities.—*Southern California Practitioner.*

A NOTE ON INFANTILE PARALYSIS.

There were 569 deaths from acute anterior poliomyelitis, or infantile paralysis, 116 from pellagra, 55 from rabies, or hydrophobia, and 9 deaths from leprosy in 1909, in the death registration area of continental United States, which comprises over 55 per cent. of the total population, according to the Census Bureau's forthcoming bulletin on mortality statistics for 1909 submitted to Census Director Durand by Dr. Cressy L. Wilbur, chief statistician for vital statistics.

It is reported that, of the 569 deaths from infantile paralysis, 552 were of white and only 17 of colored persons. There was a somewhat greater incidence of disease among males and an increased mortality in August, September, and October.

GELSEMIUM IN AUTUMN COLDS.

The autumn season, with its hot and sultry days, often alternated with cool nights, brings about colds that may be readily checked if treated early. One of the remedies to bear in mind for relief from such colds is specific gelsemium, given in quite liberal doses. The usual specific indications —flushed face, accelerated pulse, more or less throbbing in head and carotids, and a nervous unrest that prevents comfort and sleep—are present when gelsemium acts best. It is, in fact, one of the best single agents for the relief of autumn colds.

℞ Specific gelsemium .....3i.
Aqua .....q.s., ℥iv.
M. Sig.—One teaspoonful every two or three hours.

FOR BLACK EYE.

There is nothing to compare with the tincture or strong infusion of capsicum mixed with an equal bulk of mucilage of gum arabic with the addition of a few drops of glycerin. This should be painted over the bruised surface with a camel's hair pencil and allowed to dry on, a second

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or third coating being applied as soon as the first is dry. If this is done as soon as the injury is inflicted, it will invariably prevent blackening of the bruised tissue. This same remedy has no equal in rheumatic, sore, or stiff neck.—*V. Med. Semi-Monthly.*

LINIMENTS.

Here are a number of formulas for liniments and embrocations which we clip from *Physicians' Drug News*:

Menthol Liniment.

℞ Menthol .....gr. 360.
Chloroform .....℥j.
Alcohol .....q.s. ℥iv.

Chloroform Liniment.

℞ Chloroform .....℥iij.
Soap liniment .....℥vij.

Compound Chloroform Liniment.

℞ Chloroform .....℥ij.
Tinct. aconite .....℥ii.
Soap liniment .....℥xii.

Lime Liniment.
(Carron Oil.)
(Linimentum Calcis.)

Lime water, linseed oil, raw, each, equal parts by volume.

Mix well by agitation.

Camphor Liniment.
(Camphorated Oil.)

℞ Camphor, coarse powder.....℥vi.
Cotton seed oil .....℥xxiv.

Mix in a bottle, agitating from time to time until the camphor is dissolved.

Belladonna Liniment.

℞ Camphor .....gr. 365.
Fld. ext. belladonna root,
q.s. ℥xvi.

Dissolve the camphor in about 13 fluid ounces of the fluid extract and then add enough of the latter to make 16 fluid ounces.

Mott's Liniment.

℞ Chloroform .....℥ii.
Tinct. iodine .....℥ii.
Tinct. aconite .....℥ii.
Ammonia water .....℥ii.
Soap liniment .....℥viij.

Add the chloroform and tincture of aconite to the soap liniment then add the tincture, shake well, and add the ammonia water.

Anodyne Liniment.
(Liniment of Opium.)

℞ Tinct. opium .....℥vij.
Soap liniment .....℥viij.

Ammonia Liniment.
(Volatile Liniment.)

℞ Aqua ammonia U. S. P.....℥xss.
Alcohol .....℥iss.
Cotton seed oil .....℥xvii.
Oleic acid .....℥j.

Mix all by agitation in a bottle which should be well stoppered.

This liniment should be freshly prepared when wanted.

Liniment of Aconite and Chloroform.

℞ Fld. ext. aconite .....℥vj.
Chloroform .....℥j.
Soap liniment .....q.s. ℥xvj.
Mix.

Turpentine Liniment.

℞ Resin cerate .....℥xiij.
Oil turpentine .....℥viij.

Melt the cerate in a capsule on a water bath, add the turpentine, and mix thoroughly.

Compound Liniment of Turpentine.
(White Liniment.)
(Stoke's Liniment.)
(St. John Long's Liniment.)

℞ Oil turpentine .....℥iij.
Fresh egg, albumen and yoke...j.
Oil lemon .....℥j.
Acetic acid, 36 per cent.....℥v.
Rose water .....℥iiss.

Triturate or beat the contents of the egg with the two oils in a mortar until they are thoroughly mixed; then incorporate the acid and rose water. Shake the mixture whenever any of it is to be dispensed.

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LINIMENT OF SOFT SOAP.
(Tincture of Green Soap U. S. P. 1880.)

℞ Soft soap .....℥x¾.
Oil lavender flowers.....℥iiss.
Alcohol .....q.s. ℥xvi.

Mix the oil with five fluid ounces of alcohol, dissolve in this the soap by agitation or stirring, set the solution aside for 24 hours, filter through paper, and then pass enough alcohol through the filter to make the filtrate measure 16 fluid ounces.

PLACENTA PREVIA.

Dr. Edward P. Davis, of Philadelphia, classes placenta previa into marginal, lateral and partial. The causes are relaxed uterine muscle found in ill-developed, poorly nourished women. The diagnosis may be made by auscultation in many cases, by hemorrhage without pain, bright colored and coming at irregular intervals, often after exertion. In central plasenta previa the patient should be transferred to a hospital and treated by abdominal section. When this cannot be done, an aseptic technique may be carried out in the patient's home and the operation done. If the life of the child is not regarded, the cervix may be so dilated as to allow of version, and one or both thighs may be brought down. Complete dilatation and uterine contraction should then be waited for before delivery, and spontaneous expulsion secured when possible.—*Medical Record.*

TOO MUCH TONSIL SURGERY?

Do we go too far in our tonsil surgery? We must conclude such to be a fact if the tonsils are not vestigial remnants, but "sturdy guardians of the dangerously exposed introitus of the two great systems, digestion and respiration."

Jervey believes that swollen tonsils are a compensatory hypertrophy to protect those who tend to mouth breathing and that they take up in a degree the functions of the turbinals. Re-establish nasal breathing and the problem of the tonsil will usually solve itself.

Of course the tonsil of recurrent quinsy needs to be dealt with radically, for it is usually a submerged tonsil intimately adherent to the pillars and of little or no use as a disease barrier. So, too, the tonsils that careful judgment connects with rheumatic troubles should be removed.

There are three theories as to the manner in which the tonsil acts as a guardian against infection. The first is that it is merely a mechanical barrier to bacteria; the second, that phagocytosis takes place within it; the third, that imprisoned colonies liberate toxins which confer immunity. That the tonsil is sometimes the very portal through which infection occurs does not invalidate these theories, for under such circumstances we can assume relatively weak resistance or especially virulent infection. There will always occur such overwhelming invasions.

There is design behind tonsillar hypertrophy and we must be circumspect in upsetting the plans of Nature.—*Therapeutic Medicine.*

HOOKWORM.

Dr. S. B. Strong, of Freeport, Fla., says that hookworm generally begins with "ground-itch" or "foot-itch" among the barefooted. Apparently the one remedy is thymol preceded by a purge. Don't let patient have any oils while taking the drug, as it is very soluble in oil and rather poisonous when absorbed. Dose of thymol varies according to age and strength from five to forty grains.—*Chicago Med. Times.*

Dr. B. K. Ashford (*Journal A. M. A.*), writing from Porto Rico, which is badly infected with hookworms, says: "Five doses of thymol given a week apart are sufficient to practically cure nearly every patient and reduce the power of infectivity of the patient to the soil about nineteen-twentieths."

On the subject of administering thymol for hookworm, Dr. C. H. Lindeman, Tampa, Fla. (*Journal A. M. A.*), after noting the disadvantages of giving the crude drug, writes that when triturated with sugar of milk the disadvantages were overcome and "the results were all that could be desired."—*Eclectic Med. Journal.*

In traumatic hysteria anesthesia the loss of cutaneous sensibility is very commonly found only in limbs which are paralyzed.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

APPENDICITIS.

Editor Medical Summary:

In our community during the past few years, there have been two (we think) queer cases of appendicitis. The first was a case of a young lady who lost a sister with acute suppurative appendicitis after operation and removal of appendix. The sister of deceased came down the day of her sister's funeral with mixed symptoms of appendicitis and typhoid fever. Three of us physicians who had operated on the first case consulted together on this second case. Two of the three diagnosed a second case of appendicitis. The writer of this article saw typhoid fever symptoms (we were all of us correct), which was confirmed on the eighth day by twenty rose colored spots over the abdomen, and was retained by the family to treat the case, which he did for five weeks, with perfect typhoid symptoms, nose bleed, diarrhea, 5 P. M. fever, and for a sequela, crural phlebitis.

A few months after recovery the patient had a recurrent attack in mild form of appendicitis. She continued for two years to have these mild attacks. During this time the young lady became very emaciated, so much so that the family was induced to have an operation for appendicitis. It was performed, and a large and long appendix was found gripped around the bowel, greatly but not completely obstructing the intestine. Its removal was followed by complete recovery.

I now come to the sadder part of my article. A neighboring physician began having vague symptoms about the bowels—constipation, nausea, general emaciation; continuing for about two years without any acute symptoms until death. None of his medical brothers were able to make a satisfactory diagnosis. It is thought now since the operation and discovery of the condition of the young lady that a similar case existed with our medical brother, which might have been cured by an operation. The acute lancinating pains of internal cancer were absent with our medical brother. There was no cancerous cachexia. We believe from these cases and with what was found at the operation of the young lady, that there are at times cases of progressive appendicitis that are insidious, that when the patient is in his best condition with symptoms in abeyance, his only chance for life is to submit to an exploritory operation, looking well at the appendix for chronic disease; its removal and complete cure of such obscure cases. There is another condition about appendicitis that has been not well noticed, and that is its highly infectious nature. I believe that there are but few cases but what are imparted to operative physicians or their friends. When the germ gets into our systems the period of incubation is only about three days.

G. O. Smith, M.D.

Odessa, N. Y.

A FEW NOTES FROM PRACTICE.

Editor Medical Summary:

The past month I had a rare and peculiar case, as interesting as its rarity. Mr. J. D., aged about 50 years, or somewhat more, told me that he had something wrong with the end of his penis, so that when he urinated the water ran back under the foreskin and kept it sore, as it also did the scrotum from the slight oozing of the watery discharge from the penis head and foreskin. He dated his trouble from the time he was a school boy, when he froze the end of his penis while attending school during a severely cold winter. It was quite sore at the time and gave him quite

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a bit of trouble as to its itching and burning after the freezing. He never made any complaint about his trouble and allowed it to run its course. The consequence that it gave him lots of annoyance when urinating, as the freezing had caused some deformity as to the neatus and urethral orifice. Examination showed a very peculiar condition. The opening outlet of foreskin and meatus was pointed upward almost perpendicular on the upper end of penis, and the opening in foreskin was about the size of a small pea or buckshot.

I performed a circumcision under cocaine, local anesthesia. The foreskin around head of penis was firmly adherent, so that it had to be separated by blunt dissection; and this caused more or less oedema and swelling of the end of the penis. The foreskin or upper layer was pulled forward with the least possible displacement of under lay, so as to bring stitched ends of cut well back of head, so as to keep wound dry and clean when urinating. The case is doing well. He had quite a bit of swelling in end of foreskin, due to bruising it when we broke up the adhesions.

Ogilvie, Minn. S. D. Sour, M.D.

NOTES AND COMMENTS.

Editor Medical Summary:

I have been intending to write to you for several months, to find out the amount that I am owing you for the Summary. You have sent me bills several times, but I have lost them; I would put it in the desk drawer, intending to answer it directly, but would always forget it. So I will ask you to let me know now and I will send it to you by return mail. I wouldn't have the Summary quit coming to me for anything. I think it the best journal that I take. The August number was certainly fine; I have read every article in it and thought that all of them were extra good. I think that Dr. W. M. Alter's paper is well written, but he is awfully wrong in his ideas. I will have to take issue with him. Dr. Henry Lasher's paper on "Sexual Weakness" is good, but I have had far different results from my treatment of these troubles than he has had, but I am going to try his treatment. I want to send you my favorite prescription for dysentery in the adult and most all summer troubles in children. After giving the wash-out treatment, I put them on this treatment, changed a little when necessary to meet the trouble at hand. I want some of the Summary readers to try this on one of their hard cases some time; it has never failed me yet:

℞ Bismuth subnit.,
Papine,
Tr. catechu .....āā ℥iv.
Syr. ginger .....q.s. ad. ℥iv.

M. Sig.—For adults, a teaspoonful every one to two or three hours as needed, children according to their age.

If you will excuse me for taking up so much of your space, I will give another one of my favorites for elongated uvula, and it is this: A teaspoonful of tr. catechu to an ounce of water and gargle every hour or two. You will be surprised how quick you get relief.

Dr. Andrews, when I started this letter, I just intended to ask you the amount that I owed you, but I got started and could not quit at the proper time. I hope you don't think that I don't want to pay you for your journal, because I do; it is just an oversight. I certainly appreciate your kindness in sending it to me as long as you have without the money, but will send it to you at once when I get the amount. If this letter should go to the waste basket, don't hesitate to put it there, for I suspect it belongs right there. This is my first letter to any journal, and as I said before, I didn't intend to write this one. Thanking you again for waiting on me so patiently, I remain, E. R. Yost, M.D.

Greenville, Ky.

QUERY.

Editor Medical Summary:

Will the contributors of this journal kindly give treatment for that unfortunate condition which many women suffer with—perhaps we should not say suffer, but surely it is not a normal condition, viz., those women who do not derive pleasure from sexual intercourse? I am sure all physicians have found them in their practice. I have known of cases that have driven their husbands to where they could more fully grati-

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fy their desires, which all must know is only attained with the woman that enjoys the pleasure equally with the man. I myself have used some few remedies, but with very unsatisfactory results. Is there a remedy outside of the knife which will give us proper results? E. W. S.

Mount Storm, W. Va.

"SHOULD MEN OR WOMEN ATTEND OBSTETRICAL OR GYNECOLOGICAL CASES?"—REPLY.

Editor Medical Summary:

I am not in the habit of writing articles for publication in medical journals, but I was so impressed by the article in the August number of the SUMMARY, entitled "Should Men or Women Attend Obstetrical and Gynecological Cases?" that I am constrained, in justice to myself and the profession to which I belong, to make reply.

I sincerely hope that the laity will not read the article referred to, but through fear that it may, is another reason why I am prompted to write this article.

Being a new subscriber to THE MEDICAL SUMMARY, I failed to read the preceding articles by the same author, in which he claims to have convinced a large per cent. of his readers of the danger to morals attendant upon male physicians practicing obstetrics and gynecology, else I might have been heard from before.

Ever since medicine was taken from the hands of ignorant "root and herb" doctors, and obstetrics from the oft ignorant midwife, our mothers, wives and daughters have been guided through the dangers of childbirth by the family physician. Now, if this practice is inimical to the chastity of motherhood, wifehood and virginity, as our author would have us believe, then we have committed an outrage upon our dear women (God bless and protect them) that nothing could atone for.

I can not and will not believe that any but the veriest sexual pervert could have any but the purest thoughts when attending a woman in the throes of parturition. Certain it is that the woman's thoughts were never more foreign to anything of an immoral nature.

As to a possible cause of adultery, there is never a time when the bond of love and sympathy is closer between husband and wife. At such a time, when she is suffering the pangs that only a parturient woman can know, her sexual instinct is at zero. And, by the way, let me say here that women have no sexual instinct; certainly not as compared with that of man. A woman submits to a man's approach, not for any pleasure she derives from the intercourse, but either from a desire for maternity or to gratify the man whom she loves. Now, I do not make this statement in an off-hand way. I have studied the subject and this is the conclusion I have reached.

This I know is a delicate subject, but I do believe if it were dealt with more frankly and we learned more concerning the relation of the sexes, there would be less of suffering and misery, unhappy marriages and divorces.

Women are greatly responsible for this misunderstanding. Husbands expect reciprocity on the part of their wives, and they continue the illusion rather than be told that they are cold and unwomanly. I have yet to see a woman who has an orgasm during the intercourse or other time. Women submit to men to secure a continuation of their love and caresses. Women submit to men because of their desire for motherhood. Women submit to men because men pay them to do so. This class, of course, are prostitutes. Pay her the money and really she has no further use for that man unless it be one that she loves and desires to hold his love.

To nine out of ten women too frequently coitus is positively disagreeable. One woman out of a hundred may derive some pleasure from the act *per se*, but I haven't met that hundredth woman yet.

It is claimed that the clitoris is the seat of passion in the female, because, like the penis, when excited by friction or otherwise it becomes erect. This does not prove, however, that it has any sexual function, because the nipple of the mamary gland in the female or its rudiment in the male will likewise become erect under excitation. Pray pardon me for so digressing from my subject. I wanted to give my views and draw from others their opinion upon this important subject.

I trust there are not many in the profession who think they are instrumental in the destruction of female chastity and that our honest efforts to help poor female humanity has an adulterous influence.

Willington, S. C. S. T. CADE, M.D.

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ABORTING PNEUMONIA.

Editor Medical Summary:

We hear a good deal about "aborting" pneumonia; but I have never seen any one who has done it? Old "Doc" Brander, fifty years ago, was the original abortor. I had hardly been the proud possessor of a sheepskin when I was invited by "Doc" to see a case of pneumonia he who proceeding to abort! I was in the village drug store, when "Doc" came in and proceeded to lay in a supply of squill root, foxglove, ipecac, wild cherry bark, carbonate of ammonia, etc., which he intermixed into one heap. I had the nerve to ask what he was going to do with that compound?

"Come along with me, young man, and I'll show you how to abort pneumonia."

He went stalking along in his big cowhide boots, and I a good second. He went stamping into the house of the sick man, and not so much as removing his towering tile; when he announced that he had brought along a young sprig of a doctor, to show him how to "stop the 'numony'!"

I had hardly been presented to the patient, when he rudely and loudly ordered me to examine him. I drew a chair to the bedside, and after asking if it were agreeable, and being assured that it was more than agreeable, I proceeded to take the temperature, which I found to be 104, and upon percussion and auscultation, discovered that he was in the high congestive stage of the disease. While I was making the examination, "Doc" kept up loud talking to the anxious housewife, assuring her that the patient was "doing fine, and that he would have him up and out in three or four days." When I turned from the bedside he asked me how I found my patient? I answered rather timidly, that he was in the congestive stage of the disease, and that I thought he was in for a serious attack.

"No, sir! No, sir! You are mistaken, young man. I'll have him out in no time!"

It was hoped the patient had as much faith as the "Doc" had. He got out his big bunch of roots, barks and herbs, and instructed the wife to "bile 'em down" from a quart to a pint, strain, sweeten good, and give a tablespoonful every three hours! I calculated that the doses of digitalis were something heroic. He didn't neglect to order an immense flaxseed poultice!

Three weeks after I heard from "Doc's" aborted pneumonia, and resolution was slowly progressing.

D. L. FIELD, M.D.

Jeffersonville, Ind.

OIL OF SASSAFRAS.

Editor Medical Summary:

The late Dr. Rezin Thompson, author of "Medical Advisor," believed that the oil of sassafras would remove the cause of idiopathic fever. He has destroyed insect life with it and found it immediately fatal to every kind. He has tested its powers upon the infusoria in impure water and saw it destroy them instantly. He also says it will destroy or neutralize any poison which may be infused in the system, such as by mosquitoes, fleas, spiders, bees, wasps and snake bites, and that it will destroy or prevent the effect of vegetable narcotics, such as tobacco and henbane.

Recently I read of a physician using large doses of hyoscyamus with oil of sassafras, and claimed that the oil of sassafras counteracted all the untoward effect of the hyoscyamus and did not interfere with the therapeutic effect. He wrote as though it was a discovery of his own, but I find it on record in Thompson's writings, published in 1870. Thompson's fever syrup is:

℞ Syr. rhubarb.....℥iv
Tr. valerian .....℥iv
Oil of sassafras .....gtt xx
Piperin .....gr. x
Sodium bicarb.....gr. xx

Mix the oil of sassafras, piperin and sodium bicarb. in a mortar and add it to the syrup, again rubbing it up before adding the valerian.

Sig.—One tablespoonful ever two hours in twice its volume of water or milk. The following pill is used as a substitute for the fever syrup:

℞ Rhubarb .....gr. xxx
Piperin .....gr. x
Zinc valerinate.....gr. x
Ext. licorice.....gr. x

M. Ft. pills No. xxx.

One pill equals a tablespoonful of the syrup, and may be given at the same intervals.

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Some physicians claim that the above fever syrup will absort typhoid fever. Full doses of oil of sassafras is claimed to abort typhoid fever. Oil of sassafras is used in various liniments, and locally in the cure of itch and other skin diseases. It is a remedy that deserves future investigation.

J. A. BURNETT, M.D.

Gans, Okla.

THE DIVISION OF FEES BETWEEN THE SPECIALIST AND GENERAL PRACTITIONER.

Editor Medical Summary:

This subject has been discussed pro and con in the journals at different times, but personally I have never expressed my views on the subject. In my relations to the family physician I have always tried to be fair and just, and do as I would be done by. Many of our physicians complain that they are not treated fairly by the specialist; he gets all the money in the case they secured for him, and they receive nothing. Now, it seems to me that there is a right way to adjust this matter, and to explain my position I will relate my own experiences. When a family physician brings a case to me for treatment, and the understanding is that he is to attend the patient, under my directions, I feel that it is only fair that he should receive part of the fee the patient pays to me, as he has to share the responsibility of the case with me. In some cases I have only charged the patient for my visit to him and left the fee question to the family doctor.

When a patient is brought to me by his or her family physician and I assume the whole case and responsibility of the case without any aid from the family doctor, it is only fair and just that I should receive the most of the fee. On the other hand, I am aware of the fact that I might not have had that particular patient to treat without the influence of the family doctor. Therefore it seems only fair to him that he should receive some recompense for his expenses and time away from his practice. In some cases where the family physician has to visit the patient once or twice a day, he gets about as much from the patient as I do at the end of the month. I like to treat my brother physicians in a way that they will feel perfectly satisfied that they are getting a "square deal." I am always pleased to meet with my brother physicians in consultation. I only ask that the plan of treatment agreed upon shall be carefully carried out, as it is a duty we owe to ourselves and the patient. When I meet a doctor in consultation I never ask about his medical politics; I really don't think it is any of my business. I treat him as a gentleman and expect the same treatment in return, and I usually get it. Both of us realize the fact that we meet to help the patient to get well, and that is the paramount issue. I may be wrong in the above practice in regard to the division of the fees, but I have done what I felt was right in the matter.

ELI G. JONES, M.D.

Burlington, N. J.

SOME FACTS THE PUBLIC SHOULD KNOW ABOUT THE EAR AND ITS TREATMENT.

Editor Medical Summary:

The physician, to encourage in the public a hopeful attitude toward Ear Disease and Deafness, should emphasize:

1. That one-third of all adults are more or less deaf.
2. That this deafness is frequently avoidable, being usually due to neglect.
3. That this neglect often dates from childhood.
4. That in childhood throat and nose diseases, which are the cause of most ear troubles, are very common.
5. That these throat and nose troubles are in childhood easily cured and ear disease thus avoided.
6. That the adenoid growths and the tonsillar enlargements are common in childhood and easily removed.
7. That the stuffy and occluded nostrils should be properly opened and the child be taught to become a nose breather.
8. That the throat and nose should be thoroughly treated until entirely well.
9. That all ear symptoms should at all times be treated as soon as recognized.
10. That if this be done the results will be very favorable and serious ear disease and persistent deafness will be avoided.
11. That the treatment should be per-

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sisted in until the case is cured or benefited to the highest possible degree or until it is absolutely certain the ear cannot be helped with the means at our command.

12. That ear treatment should be vigorous and perseveringly persistent.

13. That the results of ear treatment are much more favorable than the public has been taught to believe.

14. That no case of deafness is entirely hopeless unless there is destruction of the ear nerve.

15. That each year the increase of knowledge and of new mechanical appliances gives new opportunities to former hopeless cases.

16. That an unfavorable prognosis of a case of deafness (not destruuction of the ear nerve), is absolutely certain only as applying to the prognosticator; he cannot of a certainty be sure whether there is not someone of superior knowledge or of greater mechanical skill who can help the case. Nowhere in medicine is this peculiar mechanical skill a greater factor than in the treatment of ear disease.

In short, the public should be taught to avoid ear disease by having their throat and nose troubles cured, not neglected, having ear troubles treated at their onset, and if ear disease has become firmly established, to treat it until the best possible results are obtained, using every method that promises relief, never believing that there may not be help, unless there is destruction of the ear nerve. While every case of deafness cannot be cured, nearly every case can be helped in a greater or less degree, and no form of ear treatment applied by any skillful specialist can at any time be counted as harmful. There are a few cases of ear disease which will in spite of all treatment progress, but fortunately these cases are very few indeed.

Louis J. Lautenbach, A.M., M.D.
1723 Walnut St., Philadelphia, Pa.

A FEW WORDS ABOUT PESSARIES.

Editor Medical Summary:

I have had considerable to do with woman for the past forty-five years; know her pretty well, I think, psychologically, physiologically, anatomically, pathologically, therapeutically and socially; and am ready to subscribe to Aristotle's opinion of her uterus, that "it is an animal within an animal," and gives her much concern at different periods of her life.

Her reproductive system is a source of pleasure and pain, of vigilance and annoyance to her, and we are often called upon to comfort her and bridge her over trying periods of her life.

For various causes the uterus requires supporting or maintaining in its proper position; in other words, the vagina needs tonicity; its relaxed walls needs stringency; but not by hard, inert pessaries; these are injurious, abominations; the temporary benefit does not compensate for the permanent injury. How can the weakened muscular fibers of the vagina gain tone, contract, pucker up with a globe, disc, ring or horseshoe pessary distending them and keep the anterior and posterior walls separated, disparted?

But we can take some marine lint, or borated cotton which comes in flat sheets, roll it up firmly in one inch rolls, two inches or more long, and tie it with a good flaxen cord, and we have a most useful home-made pessary. This can be steeped in any astringent, tonic, anodyne or styptic solution as indicated to meet the case in hand; alum, tannin, lead and laudanum, sulphate of zinc, chlorate of potass., and biborate of soda, hydrastis canadensis, permanganate of potassium, etc., about one dram of each to the pint, and then applied to the os uteri and vaginal walls, to cure irritations, inflammations, ulcerations, burnings, smartings, unhealthy or unnatural discharges, etc. Unlike cotton or lint, this will keep its shape and position, and in the local application of medicinal agents, it is far superior and more promptly effectual than if administered by the aid of the syringe, as it is more persistent and yields a support at the same time. Probably the best substitute for this home-made affair, one that can be purchased in the market now, is Pond's vaginal tampon. Yet I believe in and am an advocate for every woman to possess a good syringe, with a large nozzle or pipe, at least one inch in diameter, to the end that the folds of the vagina may be more or less separated and the liquid can come in contact with a greater amount of surface.

"Nemo."

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

A Brief Guide of Vibratory Technique. By Noble M. Eberhart, A.M., M.S., M.D., Professor and Head of the Department of Electro-therapy, Chicago College of Medicine and Surgery, etc. Second Edition, Revised and Enlarged. Drawings by Margaret D. Eberhart. New Medicine Publishing Co., publishers, 72 Madison St., Chicago, Ill. 1910. Price, cloth, $1.00; by mail, $1.10.

This little book in a brief and thoroughly practical way explains the necessary facts and details sufficiently to guide the general practitioner in the proper use of Vibratory Stimulation and illustrates the principles upon which it is founded. The author does not wish to be understood that vibration is the best treatment for the particular troubles or diseases mentioned, but believes it can be used as a valuable adjunct in many diseases. The vibratory technique being given solely as a guide for the employment of this therapeutic measure, whether used alone or in conjunction with other methods. As a brief and handy ready reference book for the busy practitioner, we know of no other on the subject to excel this little book, and we are sure it will be appreciated by the physician employing vibration in his practice.

Contagious, Constitutional and Blood Diseases. By A. L. Blackwood, M.D., Professor of Clinical Medicine and Materia Medica in the Hahnemann College and Hospital, Chicago. Author of "A Manual of Materia Medica, Therapeutics and Pharmacology," "Diseases of the Heart," "Diseases of the Lungs," "Diseases of the Liver, Pancreas and Ductless Glands" and "The Food Tract, Its Ailments and Diseases of the Peritoneum." 367 pages. Boericke & Tafel, publishers, Philadelphia. 1910. Price, cloth, $1.75; postage, 10 cents.

This is a neatly printed small volume of about 370 pages, and from a strictly Homeopathic point of view must evidently be considered a real *multum in parvo*. The author is no novice in the medical literary field, but is already favorably known as a writer of merit. In his preface the author states that this, together with one more section which is now in preparation, will complete his plan for a treatise in six parts (each a complete work in itself), on "Internal Medicine." In the present work it was the author's endeavor to present the general practitioner and medical student with the most recent and scientific advancements in the management of contagious. constitutional and blood diseases, while the etiology, pathology symptoms, diagnosis, and differential diagnosis are all considered, the treatment, prophylactic and medicinal, have received special attention.

New Field Science: The Fourth and Last Volume of the Series, comprising Natural Diagnosis, Congenial Treatment, The Method of Tracing, The New Discoveries in Treatment, The Drugless Treatment of Tuberculosis, All About Epsom Salt, Chemical and Microscopical Science to Date, etc. By Dr. W. H. Burgess, author of "The New Field," "Chronic Disease," etc. Published by the Author, East Chattanooga, Tenn., 1910. Price, Princess Cover, $1.00.

This is a bruchure about same size as "The New Field," published by same author several years ago. The little book now before us appears as a continuation or extension of the same subject, but giving much more attention to the remedies recommended.

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Summary Gleanings

In delirium tremens jamaica dogwood, in doses of one-half to a dram of the fluid extract, is stated to be of great virtue.

The "germ theory" is founded on the infinitesimal causes of disease. Is it any more preposterous that infinitesimals have curative powers also? writes a Homeopath.

Sulphur in the morning and nux vomica at night in the Homeopathic art has cured more cases of constipation than all other remedies, when used in minute doses, and with proper dieting.—*Dr. E. R. Ellis.*

The neurasthenic is incapable of prolonged mental or physical work and such efforts are very quickly followed by confusion and fatigue.

Insomnia associated with sensations of suffication and strangulation usually succumbs to measures directed immediately to the hysterical conditions of which they are a part.

Plentiful water drinking is indicated in hemorrhoids, and a course of aperient mineral water is the most advantageous.

Limitation of the visual fields through fatigue may occur to a certain extent in normal individuals, but the rapidity and extent of the contraction in neurasthenia are characteristic.

Morphine should have no place in the treatment of the traumatic neuroses.

Paralysis does not occur in the traumatic neurasthenia, for gross lesions of the brain, spinal cord, or peripheral nerves are absent, and functional paralyses occur exclusively as a result of hysteria.

While lumbago is a particularly frequent accompanimenet of traumatic neurasthenia, its occurrence in that disorder is not constant, nor is it usually as severe as the patient may claim.

To arrest paroxysms of asthma, adrenalin (5 to 10 minims of 1:1000 solution in 1 dram of normal saline) may be slowly injected into a superficial vein or hypodermically.—*Sajous.*

Spray the limb over the sacro-sciatic notch in sciatica with an ounce of sulphuric ether, used with a common nasal spray. The finer the stream thrown by the spray the more rapid the freezing effect.

In case of bed sores, sponge with alcohol and remove pressure. An excellent application is said to be a soft ointment made by rubbing subnitrate of bismuth into castor oil. It is also serviceable in case of sore nipples.

The secretion of urea is increased by sodium salicyl., sod. benzoate, colchicum, and the salts of potash.

Caffeine improves action of the heart, slows, increases excretion of urea, and decreases the amount of albumen excreted.

Hoarseness relieved by ten drop doses of tinct. ammoniated guaiac, on sugar, every half hour.

For weak heart, take tinct. stramonium, tinct. digitalis, tinct. strophanthus, equal parts, thirty drops, three times a day.

For pyrossis, take carbolic acid, m ij., in mint water, every three or four hours.

For asthma (spasm), one ounce tinct. benzoin in hot water, inhaling the steam; also give hypodermic of morphine, gr. ¼; atropine, gr. 1.150.

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NOVEMBER, 1910

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THE MEDICAL SUMMARY

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No. 9

Titles of a Few Leading Articles in this Number:

EXPERIENCES WITH PUERPERAL ECLAMPSIA
By WM. M. GREGORY, M.D.

UNDEVELOPED MALE ORGANS AND THEIR TREATMENT
By SILAS T. YOUNT, M.D.

ACIDEMIA
By R. J. SMITH, M.D.

THE DIAGNOSTIC SIGNIFICANCE OF GENERAL ANASARCA
By H. R. COSTON, M.D.

PASSING THOUGHTS
By R. B. HOPKINS, M.D.

FEVER AND ITS TREATMENT
By J. L. WOLFE, M.D.

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NOVEMBER.

This is the month in which cold rains, cold winds and ugly elements generally are inaugurated in many of our States. With it come the breaking in of winter diseases. Pneumonia, colds, coughs, catarrhal affections and rheumatism will now occupy the boards for several months. If there is one ailment more ubiqutous than another and one which asserts itself with renewed vehemence during the rough and unsettled winter months, that ailment is rheumatism in some of its protean manifestations. In the consideration of this disease we are so often lacking in perspicuity with regard to terms, and all aches and pains are dubbed rheumatism. Much difference there is whether the seat of pain exists in the muscles, sheaths, nerves, fascia, tendons, synovia or elsewhere, and whether it is acute, subacute or chronic. We are all pretty well agreed on how to treat pneumonia and the other so-called self-limited diseases, but we differ a great deal in the handling of rheumatism. We desire during the next few months to say something on this disease, and would be glad also to have something from our readers on the same topic. What has been your experience?

SALT WATER AS A THERAPEUTIC AGENT.

Some of the best things in this world are, after all, very cheap. Air, sunshine and water are within the reach of all, the reason therefor being that they are beyond the syndicate's pale. We have many drugs and therapeutic agencies that are so low in price as to be almost held in contempt, and yet they are in some ways priceless because of their value. But in this instance we wish to say a few words about the saline solution. It is a *ne plus ultra* in many pathologic states.

The percentage of the salt solution is a matter on which there is often a good deal of variance clinically. Roughly the solution is made by a teaspoonful of salt to the pint of water, but this is perhaps not quite a sufficient strength. We believe up-to-date observers and investigators consider the

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proper strength for human beings to be 0.9 per cent. or approximately so. It has been found that when blood mixes with 0.9 per cent. solution, the red corpuscles remain normal, but when a weaker per cent. is used they swell and lose some of their hemoglobin. Many investigators are of the opinion that when an infusion is used its efficiency is materially increased by the addition of a small quantity of potassium and calcium. The latter drugs act more directly as heart stimulants while the sodium chloride exerts a decided phagocytic action, and the solution as a whole acts mechanically in supplying a circulating medium in case of blood deficiency.

The value of hypodermoclysis depends both upon the physical and the chemical action of the fluid. The saline when thrown into the blood stream increases the leucocytosis as well as augmenting the hemoglobinic element. The urea is decreased temporarily, but the chlorides are increased, and sodium chloride is essential in the blood in order that the leucocytes may exert their protective force.

Many able clinicians now recommend saline infusions when a specific antitoxin is not available, as it acts much in the same manner. We wonder why physicians do not manufacture some of their own serums and antitoxins. All the good things do not bear the eminently respectable brand, "made in Germany."

Hypodermoclysis is indicated in a number of conditions in which the blood is depraved or deteriorated. Among these are erysipelas, toxemia, shock, hemorrhage, eclampsia, anemia and perhaps occasionally in pneumonia and typhoid fever. In order that the solution may be of accurate strength, it is well to employ the tablets prepared for that purpose.

When the patient is ready for oxygen inhalations, we usually think of him as being about ready for the undertaker. In cases of cyanosis and dyspnea it is often of avail if the general vital powers are not too near dissolution. Observers have reported that the gas when used per rectum has given very gratifying results and that this method proves less annoying to the patient.

FASTING AS A THERAPEUTIC MEASURE.

The chronicling of his fasting exploits in the *Cosmopolitan Magazine* has caused Upton Sinclair, the bizarre writer and muck-raker, to come again prominently into the limelight. Incidentally the discussions on the matter of fasting in this and other magazines have given a great impetus to the business of starving out diseases and by rejuvenating and rehabilitating the body by periods of abstinence from food. Fasting is not a new discovery, as one would almost be led to believe from a perusal of current and recent magazine articles on this topic. Fasting was quite generally practiced before the advent of the Christian era and long before anything like modern intelligence prevailed. The ancients indulged in fasts of forty days and nights, and always claimed that in so doing there was great exaltation of the spirit, buoyancy of mind and physical surcease from aches and ills which are so common with many as to almost constitute the normal state of being. Abstaining from food for a while releases in some measure the fleshy trammels and gives the psychic element of our nature a certain ascendancy.

We do not for a moment question the wonderful results that our friends are telling us have accrued to them as a result of passing up food for several days at a stretch. Perhaps many people eat too much; at any rate we know that the intake of food is often attended by improper conditions; we may not eat too much, but perhaps what is worse we masticate improperly, rinse it down with too much fluids, partake of food too often, drink coffee and other beverages that are prejudicial to our health, indulge in too much rich or nitrogeous products, eat when we are hot, brain- and body-weary, and commit numerous other alimentary indiscretions. Fasting, however, under wise directions, may accomplish some remarkable things, although it is very far from being a cure-all or a matter that should be entered into lightly. The overzealous fasters recommend their oxygen diet for almost everything except tuberculosis. They frankly admit that starving one's self does not help consumption very much, if he happens to be a victim of that

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disease. It cures or improves, according to their propaganda, almost everything else. We have the hardihood, however, to question how starving will make a lean person fat, although we are ready to admit that the thing may work the other way—reduce the fat man's adipose.

Fasting will doubtless benefit many cases of gastro-intestinal troubles, accompanied by toxemia or autotoxemia, hepatic disorders and bad assimilation. It is a difficult matter to give such troubles a specific name; their name is, however, almost legion. It is very likely that fasting or near-fasting may cure or alleviate many affections involving the mucous membranes, and some one has emphatically assured us that gastric ulcer may thus be cured. Besides being the indicated line of procedure in case of obesity, we believe that many conditions of a pathologic character involving the lymphatics may be melted out by fasting or a very restricted diet. There are perhaps types of headache, myalgia and congestive states that might be likewise improved.

But while we are starving out the disease which prompted a procedure somewhat radical, we must be sure that we are not also starving the body and doing it irreparable damage. The laity, and some physicians as well, in thinking of eradicating a disease, concentrate all their remedies upon the diseased part, forgetting that the body is a whole that must be reckoned with. It is nc great victory to cure a disease if in so doing the rest of the body dies. Fasting has its liminations, and it is not for everybody, and it may play havoc with certain individuals in whom it is seemingly, though not, indicated.

We have just read a lengthy report from a nervous woman who indiscreetly and unbeknown to her family and friends, took a prolonged fast. From day to day and week to week she anxiously awaited that feeling of being made new as well as the feeling of "natural" hunger, but neither came. When her friends discovered that she was fasting, the lady had become a nervous and physical wreck; her hair came out, and every ailment from which she had suffered was augmented a hundred times. Although several months have elapsed since her fast, on which she entered with so much zeal, the woman does not recuperate from it, and has made up her mind that she will always be a much worse invalid than before she tried this erratic cure.

And still fasting in selected cases under medical supervision, may accomplish many good things, but like everything else it must be tempered with common sense. It is not natural for man to go very long at a time without placing pabulum in his stomach. The alimentary canal is a long and busy piece of machinery that must be occasionally filled. Peristalsis can not always be maintained unless there is supplied something on which to peristalt. The 25 or 30 feet of intestinal canal are lined with villi or "suckers" that are always hungry and open-mouthed. They need something to occupy their attention and to endeavor to absorb. Sawdust, metaphorically speaking, may fill the bill. The food value of what goes into this canal is not the only consideration. These tiny glands must have something on which to functionate or they atrophy and dry up. In cases of prolonged rectal feeding the peptic cells have lost their function. It is therefore natural that man's alimentary tract needs a good deal of filling, and it is in the peculiarly exceptional cases that we may reasonably expect salutary results from a prolonged abstinence from food.

THE DOCTOR-AND-DRUGGIST SCRAP.

We have commented on this topic before, and then apologized for bringing it up. We do not believe the druggists or any other combination—usually known in political circles as the "interests"—can stay the hand of the dispensing doctor. It is only in conformity with natural laws and the eternal fitness of things that the doctor should dispense if he wants to, and it is unthinkable that other than selfish motives would try to prevent him from so doing. Class legislation no longer flourishes as it once did, and oligarchies are now trimmed down and not allowed to come to maturity. If the Association of Retail Druggists were capable of putting a ban on dispensing by physicians they would do so, for they have already expressed a determination to do that very thing. Such a consummation

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would wreak a hardship upon thousands of doctors and millions of patients. It would be another case of the tail wagging the dog.

Practice is growing slimmer each year, and medicine-taking has taken a great slump. Patent medicine doesn't go like it once did. People know better, at least they are learning. In consideration of these things there has been in recent years an impetus given to dispensing by physicians in order to make a little extra coin on the side. The druggist has likewise been up against it, and found that the cigars and soda water did not fill his till with good hard cash. Is it any wonder that he wants the physician to turn all his prescriptions into the drug-store for filling? This may be a wrong surmise. The druggists may be actuated by altruistic motives, and are really afraid the doctors will commit blunders that will endanger the lives of the sick public—we don't think!

This propaganda which the Association of Retail Druggists has started seems to be another dog-in-the-manger act. If the druggists can not dispense they are bent on putting a check on the doctor's prescribing. They make a great cry because the law does not grant them the privilege of diagnosing and dispensing, although disease and symptoms are clearly out of the druggist's realm. The whole drug fraternity does not, we are pleased to say, share this intolerant view concerning what are the natural rights of the doctor and of the druggist. The American Pharmaceutical Association is an old and honored organization which has for years been laboring zealously to raise the standard in the pharmacal world. It stands as heartily opposed to any reform taking place in the medical profession *unless* its inauguration arises within the medical profession itself. It is opposed to any attempt on the part of the pharmacal press to dictate any such reform, believing that the medical profession is qualified to institute and carry out its own necessary reforms.

Let us urge you, doctor, if any legislation looking toward the tying of the physician's hands be proposed in your Legislature this winter, to get busy and write your legislators, and put the matter plainly before them, and at the same time urge your good lay friends to write similar letters.

THAT BULLETIN.

A veritable hornet's nest has been stirred up in the medical ranks of late with reference to the recently published report on medical education and medical teaching in the United States and Canada. This report follows an investigation which was the promptings of the Carnegie foundation fund appropriated for such study and investigation. Now, no medical man with reasonably high aims and ideals could take any exception to such an investigation; we know that many inferior medical schools have long existed and that many doctors with superficial attainments and a crude working knowledge have been turned loose on the public. But here seems to be the trouble, and where this report, called "Bulletin Number Four," comes in for deserved censure. It is issued under the direction of one Abraham Flexner, who is perhaps a high-browed academician, *but not a physician*. Johns Hopkins Medical College is held up as the type of what a seat of medical learning should be, while independent medical colleges are severely rapped. As we understand it, Johns Hopkins is prepared to produce expert microscopists, histologists and in fine laboratory specialists, but not clinicians and every-day practitioners. We do not decry laboratory training and scientific research along any of the various collateral lines, but above all else we must have the class of medical men who can take their places on the firing-line.

It would seem to any unbiased thinker that this report, while intended to be worthy and serve a useful purpose, has emanated from the wrong sort of atmosphere and especially from the wrong individual. The great strain that permeates the report, from our casual examination of it, is that doctors are made in the laboratory and that the only hope of medicine in the future lies in the unerring precision of diagnosis and the consequent application of a specific serum. Serums may come and serums may go, but the time will never come when they can take the place of the old practitioner who performs a thousand and one duties for the sick that have little scientific significance. We believe thoroughly in competent medical education, but after all the college does not make the doctor any more than

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clothes make the man. Both help. It would look, "to a man up a tree," that this report is intended to be a whack at independence in the profession with discrimination toward the mighty and favored few. We may be mistaken in this; we hope so.

INDEPENDENT VS. STATE JOURNALS.

A few years ago when so much agitation arose in the medical ranks, state and association journals were apparently in the ascendency while independent journals were for a while on the run, and not a few joined the down-and-out bunch. Things begin to look better now, and there is a perceptible rift in the skies. The independent journals that had the grit to stick it through have better prospects ahead of them now. The Council of Pharmacy is not so busy at present and a good many other things have cooled off considerably. The independent journals are getting erstwhile advertisers back, and the subscription list is ever growing. But while this is true of the independent journals, what can we say of the once haughty state journals? A late exchange of this class lies before us. Its first and leading editorial is a plea to subscribers to get busy and write for samples and thus boost its advertising department, or otherwise it cannot exist. The editorial is almost pitiable in its implorings and reminds the reader copiously that it is his journal. The article is preceded by this little heart-rending appeal: "Please, *Please,* PLEASE read the editorial notes in this issue which refer to advertising and advertisers—and not only read them, but also think about them—and then act. It is just as important for you to regard with serious interest this matter of advertising as it is for you to consider any other matter connected with your *Journal.* And just remember, please, that it is your *Journal.*"

We believe that physicians should write for samples and patronize the worthy products advertised in medical journals. No journal could exist without advertising patronage. But we believe there is something radically wrong when a publication is put to the extremity of making such a doleful appeal for support. Have you ever noticed any independent journal which has resorted to such tactics? No, before going down on its knees to its readers in such an attitude of supplication, it quietly and without a death-struggle simply gave up the ghost.

WALLPAPER AND BOOKS AS DANGER POINTS.

The health authorities of the city of Berlin, recently completed an examination of the books put out by the libraries of that city. Many of them were found to contain the tubercule bacillus, and were confiscated and burned.

The German papers assert that disinfection with formaldehyde proved a failure.

A local law was passed some years since, by the New York Legislature, requiring landlords of tenement houses to remove from the walls the paper before repapering. It was thought and believed that germs nestled in wall paper, and as a matter of precaution the measure was enacted. The microscope has shown the wisdom of the law.

Papers besides containing germs, are often impregnated with poisonous colors. While painting may be more expensive it is more sanitary than paper or leather, which was formerly used as a wall covering. Metal or tile walls and ceilings are more easily cleaned than paint, and artistic for any design, can be used. Up-to-date architects are using tiles, for bath-room and kitchen.

The bath room and kitchen are danger points, renal vapors and sewer gas accumulate in them. Sanitary plumbing is so to a limited extent only, tiles and metal work being much cleaner than paper or plaster work, if not as cheap, safer and more cheerful.

It is an easy matter to nail tiles on joist work, and do away with plaster altogether. Plaster made of lime, while good enough for a short time, becomes dirty after a time.

The subject is worthy of exhaustive investigation.

Carelessness is believed by some to be the great central cause of the majority of cases of constipation.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

EXPERIENCES WITH PUERPERAL ECLAMPSIA.

By Wm. M. Gregory, M. D.

I wish to give the readers of the Summary a brief history of my experience with eclampsia, mainly to give emphasis to the necessity for the use, in a bold and fearless manner, of a reliable preparation of veratrum viride in these cases. In these cases it is the most reliable remedy at our command if used fearlessly and pushed to effect. The necessity for keeping this idea before the profession is particularly great at the present time, for not long ago one of the Committee on Revision of the U. S. P. stated in a leading journal, that as aconite was a heart depressant and veratrum was also a heart depressant, he did not see any necessity for retaining the latter in the U. S. P. If the gentleman had had any practical experience with veratrum, he would have known that it has a particular specific action like that of no other remedy. In the pyrexia and high tension pulse of erysipelas acute gastritis eclampsia and many other conditions it will do work that nothing else will do. My first case of eclampsia was in a young woman of 22, who had a history of one previous attack of eclampsia and a miscarriage caused thereby. She was in violent convulsions when I arrived at her bedside. I began giving her ten drops of the homeopathic tincture of veratrum every half hour, and had her put into a hot pack immediately. After giving several doses and getting no effect, and the convulsions continuing at brief intervals, I decided that my veratrum was not of good quality and immediately drove into town and procured a quantity of Norwood's tincture, which I began giving in five-drop doses every half hour. She had no more convulsions after taking the first dose of the Norwood's tincture. She showed one peculiar symptom which I have never seen elsewhere. After she began to respond to the veratrum and the hot packs, she broke out in a copious perspiration from the waist up, and the skin felt quite hot to the touch. Below the waist the skin remained cold and dry for a long time. She made a good recovery, but gave birth to a dead fetus about a week after having the convulsions, whose death was evidently caused by his mother's extremely toxic condition.

In about a year I was called to treat her again for the same condition, but was called earlier this time, before she had an actual convulsion. By the liberal use of Norwood's tincture, and hot packs, and large quantities of skimmed milk to drink, I succeeded in preventing her from having any eclamtic spasms, but she remained in a semi-comatose condition for two days before responding fully, and gave birth to a dead fetus, as she had done before.

My third case was in a woman of about 35, a third para who supposed herself to be within about two weeks of the termination of pregnancy. She was always constipated, but had not been sick, and was taking up the dinner for her family when she dropped the dish she was carrving, staggered to a lounge on which she threw herself, and went into a violent convulsion. By the time I arrived she had had four convulsions or spasms—whichever is the better term—and the family and neighboring women seemed almost frightened to death. She was in a convulsion when I arrived, teeth were clenched, and giving medicine by the mouth was out of the question. I proceeded to invent (as I thought) the

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method of giving veratrum hypodermically in such cases. I gave a hypodermic of five drops of veratrum in the left arm, and in half an hour five drops in the right arm. She had no convulsion after the first dose, but after the second one she vomited up the most enormous mass of undigested food that I ever saw come from a human stomach. It must have been at least three quarts, as it almost filled an ordinary porcelain wash-bowl. I had told the family that such cases were caused by uremic poisoning, nephritis, albuminuria, etc., and that she would probably pass very scanty, dark urine containing blood and albumen, when she proceeded to make me out mistaken by passing a large quantity of perfectly normal urine. There was no nephritis, no albuminuria, and the whole trouble had undoubtedly been caused by absorption of toxins from a foul and clogged up bowel tract. I supposed at the time that I had invented the hypodermatic use of veratrum, but found out by my reading a few days later that others had used it also. The woman made a good recovery and gave birth to a fine, healthy, full term boy, just a week from the time she was sick, after a labor lasting fifteen minutes. Of course, the doctor did not get there in time to officiate. Luckily I had insisted on her keeping her nurse with her.

In my fourth and fifth cases, the convulsions came on after delivery, but stopped at once on the administration of the normal tincture of veratrum. In the fourth case the woman had been delivered very quickly with no assistance at hand but her husband, and while sitting up in bed trying to dress the baby she was seized with a convulsion. The fifth case was a midwife's case, in which I was called to make an instrumental delivery, and called back later to stop what they called "those awful cramps."

I have found the normal tincture, specific tincture and Norwood's tincture, to be absolutely reliable for use in these cases.

Berea, Ohio.

The druggist should understand that to refill a prescription is an infringement on the right of the physician, and that he is criminally liable.—*Dr. Barclay.*

UNDEVELOPED MALE ORGANS AND THEIR TREATMENT.

By Silas T. Yount, M.D.

Late Prof. Nervous and Mental Diseases Chicago Post Graduate Medical School.

There are many men of various ages who have very small organs of generation. These men are naturally over-sensitive and avoid the society of women, dreading the idea of marriage. Many of these men, otherwise mentally and physically strong, have, on account of constant brooding over their real or imaginary infirmity, become sexual hypochondriacs. Always magnifying their real condition, they become the hapless victims of the unscrupulous "advertising specialist."

Paradoxical as it may seem, the size of the penis bears no special relation to the stature of the man. We have all seen the small, weazened, dried-up little man and the mellow-voiced little humpback that had organs like a stallion, while the tall, magnificently physiqued athlete may have a penis that a twelve-year-old boy would be ashamed of.

The modern standard works on Genito-Urinary Diseases have absolutely nothing to say concerning the treatment of these anomalies of the organ of generation, and especially as to the developing and bringing them up to an effective manly size. It is my sole purpose in this brief article to report a typical case—one of a goodly number—to show that something can be done for these neglected men.

The case that I report here is that of a well-known athlete, aged 25, whose tall, commanding figure and wonderful physical development won the admiration of all women and the envy of every man. Despite his many victories, this man was a most unhappy creature; admired by many women, he had many chances for an advantageous marriage, but he dared not think of such a thing, on account of his undeveloped immature organ. I tried many things, everything, in fact, that I could think of or imagine that would do good, beginning with circumcision, and ending with hot and cold alternating needle sprays to the spinal sexual center and to organs, cold sitz baths, galvanic and faradic currents, all to no

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purpose. Finally I tried Dr. Bier's original method of producing "obstructive hyperemia," by winding a piece of ¾-inch rubber tubing (pure gum) firmly around the root of the penis and neck of scrotum and allowing it to remain on for one or two hours, about as long as he could stand it. I kept this up for three weeks with a perceptible improvement, when the patient rebelled on account of pain and distress and intense cyanosis induced. It was at this stage of treatment that I was asked to try the device known as the Erectruss, and which was said to produce "obstructive hyperemia" without pain or cyanosis. The organ being so small, my instrument dealer made for me an assortment of specially small sizes that would fit the boyish organ of my patient. He applied the Erectruss every night and morning, leaving it on for two or three hours at a time. He used it faithfully and persistently, and in six weeks he was compelled to use a larger sized device. Thus encouraged he continued using the Erectruss for six months in the manner described, and the results were more than satisfactory. Before beginning treatment his penis, in a state of flabby erection, was a trifle less than two inches long and about as big around as the body of an ordinary fountain pen. After six months' treatment by the "obstructive hyperemia" method the penis when erect was a small fraction over five inches long and of normal circumference for that length of organ. The erections are firm and the emissions are no longer premature, and the testes are of good size and firmness.

Since treating the case that I have just described, I have had several others of a similar nature (although in none of them were the organs so excessively small) and I have treated all of them successfully with this same ingenious little device.

However, it is the principle (*vis medicatrix naturae*) underlying the treatment that I wish to emphasize rather than the mechanism. This principle, "obstructive hyperemia," is the only one that has given me satisfactory results, and I commend it to the SUMMARY family in the full assurance that its application will not fail to benefit this unfortunate class of sufferers—a class that is quite common and that in my judgment and experience has received no benefit from any of the ordinary measures and can receive none.

1003 Reliance Bldg., Chicago, Ill.

ACIDEMIA.

BY R. J. SMITH, M.D.

Autotoxemia is a subject of more general interest at the present time than almost any other, demanding appreciation of its importance both by the general and the specializing practitioner. On the recognition and successful treatment of this toxemic condition and its many complications depends in great measure the financial as well as the professional success of the practitioner.

Acidemia is a concomitant of the autotoxemic state. If a twenty-four hours' sample of urine be tested for total acidity, it will show if normal a range of acidity between 30 and 40 per cent. In autotoxemia this range will be between 50 and 100 per cent. The quantity may be diminished to as low an excretion as 12 ounces of high-colored, strongly-smelling hyperacid urine. It may be normal in amount but high colored, the sp. gr. being anywhere from 1020-1040, or even higher. Litmus paper shows presence of hyperacidity; the simple acid test to be described later developing an acidity of 95 per cent. in one case, history of this case to follow.

The patient complains of a very complex symptomatology. There may be only a recurrent headache with malaise, constipation, inappetence, for a day or two, the attack seemingly clearing the atmosphere much as does a thunderstorm. The system appears able to stand a considerable pressure from hyperacidity for a time, but sooner or later the explosion comes and an excruciating headache occurs.

In other cases, the headache is almost constant. Or there are painful sensations in all or any parts of the body; a feeling of depression of all the mental and bodily functions; some patients complain of arising in the morning after a heavy sleep with the feeling of "the morning after," pleading not guilty to being "out" the night before.

The symptoms of acidemia are protean in their appearance and significance. The

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personal history and a complete chemical examination of the twenty-four hours' urine outline the cause and the treatment.

The great aim of any treatment in this class of patients is elimination thoroughly performed. The means are not so important perhaps, but greater success has followed the treatment outlined here in the hands of the writer than any other used formerly. The psychic effect of early relief of symptoms is something to take into consideration, for the patient desires and demands, not a learned description of his ailment, but a promise of relief backed up by immediate performance. These patients need *universally* a thorough housecleaning from beginning to end, a scrubbing process not alone to the alimentary canal but of all the cells of all the organs of the body, and usually of the outer covering; the skin also.

Stimulate the emunctories by the administration of small divided doses of calomel in combination with podophyllin if preferred, or ox-gall, or more esthetically by bilein, the alkaline salts of the bile acids. Follow several hours after the last dose of the chosen remedy with substantial doses of saline laxative, to produce several watery stools in the twenty-four hours. Repeat the saline daily. For the acid state, give sodium sulphocarbolate 5 grains, sodium bicarbonate 20 grains, well diluted and given on an empty stomach one hour and a half before food, four times during the first twenty-four hours and thrice daily thereafter. The free drinking of pure water is an essential part of this treatment. These remedies I have used for the past few years, but have adopted during the past year a combination containing the following ingredients: Sodium sulphocarbolate gr. 2½, sodium sulphate gr. 5, sodium bicarbonate gr. 20, colchicine gr. 1-500, juglandin gr. 1-6, xanthoxylin gr. 1-6, in each teaspoonful, and known under the name of the sodium and xanthoxylin compound, listed by the Abbott Alkaloidal Co.

Added to its antacid properties, this combination increases elimination and antisepticizes the bowel contents. It is indicated in all acid states. The dose of this granular compound is one to two teaspoonfuls, well diluted, three times a day, one hour or more before meals.

To exemplify the treatment, I will outline briefly three cases chosen at random from my case-book:

CASE 1.—Patient is a cook, male, age 32, stout build. Complained of a bad foot. On examination, dorsum of right foot showed an angry red moist patch about three inches in diameter. Had been treated by external remedies for three months, with the result of increasing the size of the patch, the burning and pain. Urinary examination showed total acidity of 95 per cent. I ordered calomel, ipecac and soda tablets, one every hour, for ten doses, with one granule of veratrine to each dose. In the morning, patient took a heaping tablespoonful of saline laxative, repeated in two hours. Large liquid stools were obtained, seven in 24 hours, patient fasting. The sodium and xanthoxylin compound was then prescribed. Urinary examination in five days showed total acidity of 5 per cent. This acidity test is obtained by the use of a very simple little instrument designed by Dr. H. R. Harrower, of Chicago, consisting of a graduated test tube. Each degree of acidity represents the amount of decinormal sodium hydroxide solution to neutralize 100 c.c. of urine.

The treatment was continued. The foot, without any treatment, has improved wonderfully. Pain, burning, oozing, very greatly diminished; ordinary shoe was worn in place of the large slipper used for three months. In two weeks, the patch was almost gone, some slight scaling still showing. General health improved.

CASE 2.—Periodic headache. Total acidity, 80 per cent. The pain commenced in occiput, extending down over trapezius, and affecting the cervical and brachial plexus of nerves. Tenderness on pressure. Similar treatment was given and acidity reduced to normal in one week. At the usual period, the headache returned, much modified. Three weeks later, the patient complained of aching through eyes, pain very slight. No headache at present writing for three months.

CASE 3.—Patient complained of breathlessness on exertion, gradual loss of strength, poor appetite, pain over both hips, soreness of lower abdomen, burning sensation on urinating. Pulse 80, temperature normal, blood test showing color index of 80. Total acidity 75 per cent., quantity in

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24 hours, 18 ounces, sp. gr. 1035; no sugar; no albumen. Elimination was thoroughly carried out, sodoxylin prescribed, iron and strychnine in combination added to the treatment. Generous diet, free drinking of water between meals, deep breathing and exercise out of doors, with the above treatment has been of decided benefit. Total acidity after three weeks' treatment was 40 per cent., amount of urine in 24 hours 40 ounces.

There are cases with a total acidity of less than 30 per cent. In these the acids are not properly eliminated, but are retained in the body cells. The above outlined treatment is here indicated, the sodium compound neutralizing the acids found.

One other simple test should be made in all these cases for indicanuria. The instrument is similar to the acidimeter test, designed by Dr. Harrower. In the three cases described, a deep blue coloration was obtained, showing presence in amount of indican. If the urinary tests show decrease in the elimination of urea, I have prescribed with success, the alkaloid boldine, gr. 1-6, three or four times daily for one week in conjunction with the sodium and xanthoxylin compound. It is usually necessary to give strychnine "to take up the slack," and in anemic conditions, some combination of iron should be prescribed.

In these putrefactive conditions, I have found the addition of galactenzyme (Abbott), one or two tablets with meals or in milk, of great benefit. The lactic acid bacilli reduce the number of the putrefactive germs very materially.

In children who are always "taking cold," a careful examination will usually show hyperacidity, acidemia. Recurrent furunculosis, lumbago of recurrent type, skin eruptions, (acne, eczema, etc.) may be due to acidemia. Until this condition is corrected, all other treatment is really useless.

Acidemia, autointoxication and the complications of or the coincident diseases with these conditions are the source of sixty or seventy per cent. of all cases that come to the general practitioner. The treatment of this class of cases is based upon elimination and neutralization of acidity, with a restoration to normal of all the secretions of the body.

Logan, Utah.

THE DIAGNOSTIC SIGNIFICANCE OF GENERAL ANASARCA.

By H. R. Coston, M.D.

"Dropsy," to the general public is a disease; to the educated physician it is a symptom of one or other of several diseases, chief of which are diseased conditions of the heart, kidneys and liver. Other conditions producing general anasarca cannot be noted in a paper of this length.

The proper treatment of any case depends upon the underlying pathological condition; anasarca due to a heart lesion should be managed quite differently to that due to Bright's disease or hepatic cirrhosis.

Now let us try to differentiate these three conditions:

Anasarca, due to heart lesion.—Usually begins in the feet and slowly extends upward until the entire body is involved; various abnormal murmurs are heard upon auscultation of the various valves of the heart, but most frequently it will be mitral regurgitant; the urine will be found normal or only slightly albuminous, unless there be a complicating nephritis. There may, or may not, be a history of long standing "heart trouble."

Anasarca due to kidney lesions.—Edema begins in the face, just under the eyes; next the hands and feet are involved, and lastly the abdomen, and it is rarely the case that it is so extreme as that due either to the heart or liver. The urine is albuminous and full of casts and very limited in amount. There is much headache and the case will likely terminate in coma or uremic eclampsia. Dizziness, nausea volitantes, nausea and vomiting will be present even when the edema is only limited.

Hepatic anascarca.—Begins in the abdomen, the feet and legs are next involved, and it may never reach the face or hands. Usually a history of long continued use of alcohol may be obtained. The urine will show the presence of bile salts, and the skin will most probably have an hepatic discoloration. The stools may or may not show lack of bile salts, and hemorrhoids and varicose veins of the legs are likely present.

Birmingham, Ala.

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PASSING THOUGHTS.

By R. B. Hopkins, M.D.

Seldom do you read through the pages of a medical journal but what you find some one condemning the use of opium. It reminds me of one speaking ill of his best friend to his back. Opium is the doctor's best friend, notwithstanding the many criticisms of its use and abuse. It is like an instrument in the hands of an expert mechanic—not to be used indiscriminately—neither to be handled carelessly by the inexperienced.

In cases of irritating cough, due to congestion of the bronchial mucous membrane, what is more palliative and curative than small doses of an opiate combined with an expectorant, say, syrup scillæ or simplex? The opiate keeps the lungs still and allows nature to heal the diseased part.

In cases of gastro-enteric inflammation, what remedy have we so efficient as opium. It acts as a splint to the intestinal tract, arresting the peristaltic action of the bowels —the *sine quo non* in the treatment. You might as well endeavor to cure a broken leg without applying mechanical means—in other words, keep the limb still, and nature will effect a cure. If the truth were known the men who condemn opium are large users themselves.

Tell me a remedy that will allay the distressing tenesmus of the bladder due to bladder better than opium, combined with belladonna, in the shape of a rectal suppository inserted at bed-time.

In cases of dysentery in children, after the bowels have been thoroughly evacuated with a saline, what remedy acts more effective than ¼ gr. morphine and 1-150 gr. atropine, dissolved in fifteen teaspoonfuls of water; a teaspoonful given every half hour or hour. I have given it to infants, and oftentimes it acts like a charm.

The combination of codeine, acetanilid and quinine is one of the most effective remedies in relieving those vague aches and neuralgic pains following la grippe, and many of the diseases incidental to malaria.

Thus I might go on *ad infinitum* of the use and combinations of opium. Finally, after we have exhausted all things, mechanical and medicinal, towards the cure of our patient, and we see the end fast approaching, what remedy soothes the tired and worn body better than opium?

When I began the practice of medicine, I took it for granted that every person was as honest as myself. I have worked laboriously and conscientiously towards the cure of my patients. Such remarks as these: "Doctor, if you succeed in curing this patient it will be a star in your crown,"—but they failed to finish by saying "not a penny in your pocket." Some people are as changeable as the weather—one day you will be in their favor, the next be met with their opposition. The person that you befriend the most will in all probability become your worst enemy. This applies not only to the laity, but to members of the medical profession. The young medical student you have befriended, after he settles in your community as a doctor, will be the first to do you dirt. Loan a friend a ten dollar bill, and this will be the beginning of an estrangement. Tell your neighbor in a friendly way that his daughter needs paternal restraint, and you will make of him an enemy for life. Attend to the indigent in your community with assidious care, and they will be the first to discredit your ability to the face of your competitor.

I have been a close student of human nature for twenty years, and have found the foregoing statements to be true. It therefore behooves the physician to be on his guard. The best way to retain your practice is to make your patients pay. The best way to maintain a reputation is to make your patients pay. The best way to retain your friendship is to attend strictly to your own business and make your patients pay. The best way to retain your friendship with a brother physician is to never stoop to do or say a mean thing against him—and also not to allow him to overstep the bounds of medical etiquette towards you. There is but one rule in this regard—and that is do unto a physician as you would like him to do unto you.

Some while ago I was called to see a case in a plethoric woman with general anasarca following valvular trouble of heart, due to a previous rheumatic attack. Her attending physician having left the community to look for his fortune in another place, I took charge of the case. She

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had not rested her head on a pillow for two weeks—the dyspnea was too great. She therefore was compelled to sit in a chair, and during that time she had only a few hours' sleep. The physician had been giving her opiates and heart tonics. I withdrew all narcotics and gave her sal. Rochelle, teaspoonful in hot water every hour. After this had thoroughly operated it was ordered every three hours. After three days of almost continuous purgative, she was able to resume a recumbent position and obtained sleep. Being tired of taking the sal. Rochelle, I gave her one dram of comp. jalap powder, taken every morning before breakfast, for four days. The effect of the remedies in this case were almost marvelous. The anasarca disappeared, the heart's action came up to normal, and she was able to walk about the room, and apparently is well aside from the heart murmur.

I mention this case in order to impress on the reader the necessity of persistence in the administration of salines in cases of effusive in heart affections. While opiates and heart tonics may soothe, yet they have a decided tendency to block up the secretions and make matters worse. Purgative in these cases is the only solution and salvation. You need not fear of killing your patient with saline or hydragogue cathartics.

Milton, Del.

FEVER AND ITS TREATMENT.

By J. L. Wolfe, M.D.

Strictly and truthfully speaking, fever is an effort of nature to throw off disease, however strange as it may seem to many of us. At the commencement of a fever, by proper treatment it can be easily and speedily removed and the patient not confined long. Twenty-four to forty-eight hours at the utmost are sufficient, and often short of that time the fever may be removed. But where the patient is left unassisted to struggle with the disease until his strength is nearly gone, and more especially when the most unnatural and injurious medicines are given, if a recovery is at all possible, it must be because of the remaining constitution of the patient, and takes a much longer time. These declarations are true and have often been proved to the satisfaction of every candid physician who will lay his prejudices aside and take a correct view of the matter.

In tracing its progress to a favorable crisis, we find it terminating in a restoration of the secretions by establishing some critical evacuation; more particularly by sweat and urine. This fact points out the design of nature in establishing fever or reaction. A proper course of treatment will assist the constitutional efforts in bringing on the crisis in the disease, and without in the least degree aggravating the fever, but on the contrary at the same time that it aids its efforts, will generally moderate the violence of the symptoms.

But to take a case of remittent fever where the symptoms are all favorable, and give improper medicines and pursue this treatment for a week, in nine cases out of ten the fever will at the end of this time assume a malignant type and the patient very probably will die in consequence of the system, being deprived by the treatment of the power to resist and overcome the disease. The poisonous effluvia or vapor arising from decomposition of vegetable matter, together with cold and dampness, are believed to be the principal cause of the fevers that prevail during the latter part of summer and autumn, more particularly in low marshy districts of country. It is certainly true that fevers prevail mostly in marshy places and near ponds of stagnant water. Newly cleared land evidently gives rise or cause also to noxious vapors from the decomposition that ensues on the exposure of the fresh earth to the sun. This will account for the prevalence of disease in newly-settled places.

The first effect of this miasma upon the system is to weaken the vital powers. The strength becomes enfeebled, the appetite fails, there is languor, chilliness and aching pains, precisely such symptoms as might be produced by exposure to cold and dampness. These symptoms are the direct consequences of the poisonous effluvia, weakening vitality, and as the constitution rallies to expel the poison, fever is produced

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as a still greater help to rid the system of disease.

Many of the medicines generally employed in the practice, have no relation to the laws of life, but are repugnant to nature and very injurious to the patient. Such agencies will modify symptoms or change the form of disease, but often when a cure is effected, it is the result of the sanative efforts of the constitution, as I before stated, in spite of the medicine.

At all time when fever prevails it furnishes evidence of an offending cause in the system, and the treatment instituted should have for its object the removal of that cause. Thus an emetic if the tongue is much coated indicating a foul stomach, will in many instances dispel the fever (or rather the cause of it).

Cedar Falls, Iowa.

ARE DOCTORS HONEST?

By E. S. Harris, M.D.

I feel sure most every reader will say "Yes" when he reads the above question. You think we all are as honest as we can be. We treat our patients the best we know how, and spend hours, if we have the time to spare, in clinical reading for the benefit of our patients. We want to do all possible for them. We are too honest with them. We do too much for them. We will answer a call to go ten miles in the country to attend a woman in confinement on a dark, cold, rainy night, over hilly, muddy roads, and perhaps not know the family we are going to see. Don't know whether we will get the cash, nor do we know we will ever get it. But we go as though we were sure of the fee being paid on our departure. About nine cases in ten it is not, but we are afraid if we don't go some one else will, and thereby hold the family for ever thereafter should they ever have occasion to call a doctor. That is expecting too much. It is doing too much, but we have educated people up to expect it, and they go the limit!

So far as our patients are concerned, we are perfectly honest with them. We are slaves for them. We do all they ask us to do and wait weeks, months, yes years sometimes, for the measly little fee we charge for our services. The public have reached the point where they are offended if we send them a statement. Many doctors will not send a statement at all—not even once a year—for fear they will offend someone. Did you ever go to your merchant with whom you possibly ran a monthly account, purchase some of his goods, and when you untie the package find the bill enclosed? You have many times. You thought nothing of it. Suppose you have a patient who runs a regular account with you, come to your office. You examine him and prescribe, or perhaps put the medicine up for him. Do you enclose your bill? Your patient would not come back if you did. That same fellow will think nothing of the bill in the package he gets from the merchant. He has been educated up to it. It is a matter of business.

So we all agree the doctor is more than honest with his patient. But in doing too much for your patient you are working a hardship on other doctors. You are not fair and honest with your brother practitioner if you force him to do more for his patients than is right. People have come to impose on the medical profession simply because one doctor has undertaken to do more than his fellow. His neighbor has been told of it and he in turn goes one better, and the public has learned we are easy marks. There is such a thing as carrying honesty to the point of dishonesty. If we do more for our patrons than is right, and more than should be expected, we are unfair to them and ourselves, and to be unfair is to be dishonest. That would not be so bad, however, if it did not affect the whole profession. We cannot be dishonest with ourselves and still be honest with our neighbor doctors. Then we find we are not really honest with our patients, ourselves nor our colleagues.

We are dishonest. If our dishonesty ceased there, however, it possibly could be overlooked. It might be excusable because if we do wrong with good intentions, we should not be held accountable. That is not the extent of our dishonesty. If it were I would not say doctors as a class are dishonest.

Let us see further. Let us see if we cannot find most doctors are dishonest know-

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ingly, willfully and maliciously. Let me ask you just one question, and I will leave it to you to decide. If you answer my question in the negative, than I will admit doctors are honest, and if you answer in the affirmative then you are forced to admit we are, as a profession, dishonest. I want you to apply this question to every doctor you know, and then to yourself. I want you to know what you think of yourself. Here is the question: Would Dr. A. misrepresent me or do me an injury in any way if he was absolutely sure I would never know it, and if by so doing he would get one of my good paying families? Now apply it to Dr. B. of your acquaintance, and on through the list of doctors with whom you are well acquainted. When you apply the question to Dr. A. and are forced to answer in the affirmative, then you believe Dr. A. is dishonest. If you believe he is dishonest you must have some reason other than the "woman's reason"—"just because." If you believe Dr. B. would take your patients, you certainly think he is also dishonest.

Don't you think the majority of them would take your patient if they were not very sure but what you *would* know it. Some would take them if they *believed* you would know, how the change came about, the next day.

Now, let us carry it a little further. If he could so miraculously change your patient and was absolutely sure you would never know what caused the change, would he not be a little inclined to get your horse or some other property if he could be as sure of going undetected? We are esteemed less than we formerly were largely because of our infidelity to each other. We should respect one another and force the public to respect us. We must work to the interest of the whole profession, and especially those in the same field with us.

What do you think of the honesty of your neighbor doctors? If one would do you an injustice, knowing it would go forever unnoticed, he is not honest. "As you thinketh in your heart so are you." I know we do not like to admit it, but these are hard, cold, stubborn facts. Now let us again apply the question to ourselves. Will we stand the test? Will we have to admit that we, ourselves, are dishonest? Am I compelled to say I am not what I should be? The writer, while trying to be fair and work with his fellow practitioners, fears he is wanting. Let us bear this in mind when we again think of doing an injustice to our neighbors. Let us gain the fullest confidence of our doctor friends. We need the confidence of each other a great deal more than we need the confidence of the public. I had rather one doctor would have confidence in me than a dozen families. When I say cinfidence, I mean all the word can mean. I mean it in the superlative degree. I mean confidence to the extent that we may be sent if necessary to any family of our neighbor doctor's, and that doctor feel absolutely sure his interests will be cared for as well as the patient. We should not feel the least apprehension with any of our patients in the care of our fellow practitioner.

Blue Springs, Mo.

TWO SEVERE OBSTETRICAL CASES.

By Louis J. Pons, M.D.

During an active practice of twenty-five years, one will meet with all sorts of cases. Many will try a physician's nerve and resourcefulness. The two following cases occurred recently in the writer's practice:

First.—Mrs. S., aged 25, primipara, married one year, rather delicate constitution, although the pregnant period passed by uneventfully. After a normal labor of about ten hours, a female child (weighing 8 lbs.) was born, no instruments being used. Six grains quinine bisulph., and 1-30 grain strychnine were given some four hours before delivery. Placenta passed in fifteen minutes without trouble. Some ten minutes after this an alarming hemorrhage appeared, for which a hypodermic injection (always ready) of strychnine, nitroglycerin and digitalis was given, also ergot by the mouth; this not making any impression 1-100 grain atropine was administered hypodermically. Pressure over the uterus, extreme elevation of foot of the bed and a saline enema were resorted to. These measures made little impression, the patient sinking rapidly and the end near. Having a transfusion apparatus with me, I hastily

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disinfected a fountain syringe, which was filled with two quarts of saline solution, the arm was corded to make the veins more prominent. I was fortunate to introduce the needle into a vein and allow about 20 ounces of the solution to flow in; five ounces were also injected under each breast. Giving another injection of atropine and nitroglycerin, we were rewarded in about ten minutes by signs of improvement. I remained with the patient three hours before leaving her in charge of an amateur nurse. Subsequent treatment consisted of frequent administrations of bovinine, milk and peptonoids, beef juices and eggs, supplemented with tonics and blood-forming reconstructives. With the exception of a small abscess under one breast, the patient made a slow but good recovery.

SECOND.—Mrs. P., aged 28, Polish; in the eighth month of her second pregnancy; attended her after she had been in convulsions three hours. I found her unconscious, breathing heavily, pulse 110, temperature 100°, os uteri dilated about 1½ inches in diameter. Could elicit no satisfactory information from the husband regarding bowels and kidneys, although he told me that she had been troubled with severe headache for several days. They did not consult a physician, as they did not expect to employ one during her confinement. She had a convulsion every five or ten minutes. Her condition and the unsanitary surroundings, inability of all present to speak much English or follow directions, made the outlook very grave. As active measures were indicated to save the patient's life, and no one present among the friends competent to administer an anesthetic, a physician from an adjoining town was telephoned for. He not arriving when expected, I instructed one of the bystanders how to give the chloroform, and I proceeded to make the patient ready; thoroughly disinfecting my hands and the patient's parts, also emptying the bladder of about four ounces of concentrated urine, I began dilation with my right hand, the left assisting externally. The consulting physician arriving, he took charge of the anesthetic.

Performing version: I delivered her in about fifteen minutes of a male child, weighing six pounds, the placenta being removed without trouble, and a douche of creolin solution given. No more convulsions after delivery. Practiced artificial respiration on the child for some time before natural respiration was established. We estimated that the patient had about forty convulsions.

The mother left her bed on the third day to attend to her household duties, both she and her baby showing no effect of their terrible experience. Considering the severity of the case, the filthy surroundings and subsequent care, the result and rapid recovery was very gratifying.

Roxbury, Conn.

GONORRHEA: ITS ETIOLOGY, SYMPTOMATOLOGY, PATHOLOGY, COMPLICATIONS AND SEQUELA, AND MODERN TREATMENT.

BY THAKUR RAM DHARI SINHA, L.T.M.S.
Medical Practitioner.

ETIOLOGY.—Gonorrhea is a specific disease, brought on by a micro-organism called *Gonococcus* of Neisser of Berlin. It is attended with a purulent or muco-purulent discharge.

In almost all cases, its origin has been traced to the direct contact with gonorrheal pus to the male urethra through promiscuous sexual intercourse with women afflicted with similar disease. It is never known to originate *de novo*.

SYMPTOMS AND PATHOLOGY.—Two to seven days is the usual period which intervenes between the exposure (contact) and development of its symptoms; but generally they appear on the fourth or fifth day. At first, there is slight soreness and smarting sensation along the urethral passage; micturition becomes frequent (urinary incontinence), and is preceded by a thin mucus discharge. Later on, usually after two or three days, the typical signs of inflammation of urethra—redness, heat, swelling, pain and tenderness, beginning from the meatus and extending upwards towards the prostatic portion of the urethra—appear.

The discharge from the urethra becomes profuse and frequent, changes color and consistency, and as the inflammation advances, the whole penis is swollen, hot and congested. The act of micturition becomes

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fiery and painful and there is constant irritation at the trigone vesical, with urinary incontinence.

In this stage, there is a frequent, painful erection of the penis—called chordee, due to the effusion of lymph into the dependent part of the organ.

The patient generally complains of pain in the lumbar region, perineum, pelvis, scrotum, and testes; the inguinal glands are usually swollen and painful; sometimes suppurating.

In very few cases, febrile disturbances—headache, constipation, anorexia, insomnia, mental and constitutional depression, and in prolonged cases anemia is present more or less.

This stage lasts for twelve to sixteen days, when the urethritis with its concomitant symptoms gradually decreases; the discharge lessens and is healthy and clear.

The duration of gonorrhea, in uncomplicated and favorable cases, is from four to six weeks; but sometimes it persists and a clear mucus discharge with slight or no tenderness along the urethral canal remains for a considerable time, even for months; and this condition is known by the name of gleet.

COMPLICATIONS AND SEQUELA.—Gleet; phimosis due to long prepuce; paraphimosis due to short and constricted prepuce; stricture (organic) caused by the untimely and injudicious use of astringent injections; retention of urine; balanitis, perineal abscess; inflammation of prostate and Cowper's glands, and of seminal vesicles, cystitis; epididymitis; orchitis, and urethral hemorrhages; also gonorrheal rheumatism and ophthalmia.

TREATMENT.—The treatment of gonorrhea in all its stages is both internal and external. The patient generally presents himself on the third or fourth day when symptoms have fully developed. I generally give him the following:

℞ Potass. acetas .....3iv.
Sodum sulphat. .....3vj.
Tinc. aconiti (B.P.).....3j.
Tinc. gelsemium .....3ij.
Glycerin .....3iv.
Aqua pura .....ad. ℥vj.

M. Sig.—Put 12 marks—one mark every three or four hours—with plenty of tepid water for two or three days. Then I give calcium sulphide gr. ½, and pil. methylene blue co. (Upjohn) every three or four hours, or until saturation, and then less frequently. The discharge, with all the distressing symptoms, begins to abate after the fourth or sixth day of treatment. The patient is advised to drink plenty of barley, sago or rice water with milk; linseed tea and ochra water and milk, etc.; to sustain the scrotum in a suspensory bandage, and to avoid use of meats, tobacco, alcoholic beverages; also sexual intercourse and excessive, jarring exercise.

External medication is not required for the first few days, except cold evaporating or astringent lotions. I prescribe pieces of lint or gauze soaked in pinus canadensis extract (white) 1 to 4, or magnesium sulphas and glycerin āā ℥j, dissolved in a pint of water, to be wrapped around the whole length of the penis and kept wet; and hot antiseptic (potassium permanganate, 1 to 1000) douche to the perineum and scrotum.

After six or seven days, when the discharge becomes profuse and inflammation and irritation subside, the urethra is irrigated with a weak solution of potassium permanganate, 1 to 4000, or listerine, or hydrastin (colorless), 1 to 8, after each act of micturition.

Either of the following is then injected into the urethra three or four times a day, and retained there for five or six minutes:

℞ Acid picrozotic .....gr. iv.
Spt. vini rectificatus .....3ij.
Aqua bull. .....ad. ℥j.
M. Sig.—3i or 3ii to be used at once; or
℞ Iodoform .....gr. vj.
Ol. eucalypti .....m x.
Ol. olivæ .....℥j.

M. Sig.—3ii to be injected slightly warmed into the urethra two or three times a day and retained there for five or six minutes.

When picric acid injections produce any irritation, if at all, one per cent. solution of protargol has done exceedingly well.

The scrotum and penis is douched in warm antiseptic solution daily. For the prevention of chordee, I have tried several antispasmodic or anodyne remedies, but the following has given me prompt and certain results in every case:

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℞ Morphinæ murias .....gr. j.
Cocain .....gr. ij.
Ol. olivæ (warm) .....3ij.

M. Sig.—To be injected into the compressed urethra about half an hour before going to bed, and retaining for five or six minutes.

Internally the following draught was found very efficacious:

℞ Fld. ext. salix nigra .....3i.
Fld. ext. ergot .....m xv.
Sanmetto .....3j.
Camphor mixture .....ad. ℥j.

Relapses are very frequent, owing to hasty treatment and strong injections, which should be depricated.

Motihara P. O.,
District Champaran, India.

LOWEST RECORDED DEATH-RATE.

The death rate in the death registration cities and States of the United States dropped to 15 per 1000 of provisionally estimated population last year, according to the forthcoming Census Bureau's bulletin on mortality statistics for 1909, which has been submitted to Director Durand by Dr. Cressy L. Wilbur, chief statistician for vital statistics.

In 1908 the death rate in the Census Bureau's registration area was 15.4 per 1000, and in the bureau's annual report for that year, issued last spring, it was stated that it is evident an era of low mortality has begun.

The death rate for 1909 is, the bulletin states, lower than for any previous year of registration, and probably is the lowest that ever occurred in the history of the United States.

WHAT THE SUMMARY WANTS.

THE SUMMARY *asks each subscriber, individually, to speak a good word for it. See your neighbor Doctor; show him a copy; tell him how you like* THE SUMMARY, *and then ask him to subscribe for it. It will take but a little time. A friendly, social call and your friend will subscribe. Do this as a special favor for* THE SUMMARY, *and we will thank you for it.*

DENTITION.

By D. L. Field, M.D.

You ask if some one will give short talks of first and second teething? Of all the vexatious and oftimes serious concomitants of first teeth "cutting," the most serious is convulsions! While the spasms from teething are not dangerous, yet you cannot convince the frightened mothers of that fact! The first thing you meet when called to a case of infantile spasms is that they have been immersed in hot water, and are wrapped in blankets. It doesn't make any difference to them how nervous the child is, nor how high the fever; the hot water immersion goes, just the same.

Then another serious affection in the hot months is diarrhea and cholera infantum. For the nervous, and to stop spasms, I have found gelsemium and bromides the most efficacious. It will not fail you.

For diarrhea, especially with "bottled" babies, I give tannalbin and bismuth, in comp. chalk mixture, and treat all serious bowel trouble by enemata. I use an anodyne and glyco-thymoline, and they get well.

For bottle-fed babies, I also give "Robinson's Pearl Barley," ground, in the proportion of about three or four parts, to two parts of milk, heated to a simmer, and a pinch of salt, with sugar enough to sweeten. They thrive better on this than on any prepared milk.

When mother's milk can't be had, there is no milk equal to sterilized milk. I have tried the various foods, and some of them are good, but bovine milk is best.

About convulsions, let me tell you that I had a case of a child cutting the first teeth, who had seven convulsions, and when I lanced the gums down to the teeth, the seizures ceased. Another case of a child two years old, who had been allowed to partake of indigestible food, and who had a hard epileptiform convulsion, the result of auto-intoxication: I gave a large enema, and also a big dose of oil, when he discharged copiously of yellowish-green offensive excrement, after which the fever, nervousness and spasms promptly disappeared.

Jeffersonville, Ind.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value

PROSTATIC HYPERTROPHY.

In a paper on this subject read at the meeting of the Mississippi Valley Medical Association by Dr. John E. Cannady, of Charleston, W. V., the author stated that prostatic hypertrophy was the greatest curse of age in man. The chief indications for operative relief of obstruction were difficulty in urination and residual urine. He spoke of the value of bladder irrigation and the administration of urotropin and sodium benzoate. This combination was well borne by the stomach. Matters of diet and water drinking were of paramount importance. The choice of operation, whether suprapubic or perineal, depended largely on the individuality of the operator. The value of suprapubic cystotomy was pointed out. He spoke of Hunter McQuire's method and emphasized the necessity for rapid work. The popularity of the different methods was largely a matter of geography, like chloroform and ether. He spoke of the results of Freyer and Young, and pointed out the advantages of a non-toxic local anesthetic, such as novocain in doing a cystotomy. Only a brief general anesthesia was necessary for the completion of the two-stage operation. He spoke of the management of the patient before, between, and after the various steps of the operation. They should always bear in mind the conservation of the patient's strength. The two-stage operation cut the danger in half. Normal saline irrigation was of great value. The end results were almost ideal in the average case, there being both anatomical and physiological restoration of urethra and bladder. He reported illustrative cases showing the management of the normal case.—*Medical Record.*

CONSERVATIVE TREATMENT OF TOOTHACHE.

That a tooth aches is no reason *per se* for its extraction. It may ache from a great many causes, but so far as a general practitioner is concerned, these can be brought down to four or five. Caries is the most fertile, and one from which the others ordinarily arise, such as pulpitis, pericementitis, abscess, neuralgia, etc.

As the treatment and diagnosis of abscess is one which tries the skill and patience of the most experienced dentists, it is only mentioned here. Neuralgia is sufficiently well known to the practitioner to need no comment; while pericementitis is rarely brought to his notice.

It is the "hollow tooth" he is called on to treat, and with it we will chiefly deal. The diagnosis is easy, and his treatment should, in a majority of the cases, be palliative.

We would suggest that the following instruments be procured, as they will be essential in the outlined treatment: No. 3 mouth mirror, pair dressing pliers, Black's excavators Nos. 63 and 64, straight chisel No. 3, water syringe. These can be obtained at the dealers for two or three dollars, and will more than pay for themselves in a short time, besides giving patients a great deal of satisfaction, and saving to them organs which go so far to preserve good health.

Having located the cavity, the overhanging enamel should be cut away with the chisel, until the bottom can be clearly seen. Then take excavators and remove the decay as near to the pulp as the patient will permit, being careful not to expose it. Wash out with syringe (using warm water) from

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time to time as the excavating proceeds, as it gives a soothing effect and renders the operation less painful. When fluids obstruct the view, dry the cavity with a pledget of cotton in pliers. The cavity having been cleaned as far as practicable and dried, it is ready for medicament.

There are various drugs and combinations which may suggest themselves, and the physician can often, by his intimate knowledge of materia medica, relieve the patient in a few minutes.

The following is suggested, however, as being effective, and will relieve the pain in a great majority of cases:

℞ Chloroform,
Oil of cloves,
Creosote .....āā 3ss.
Morphine sulph. .....gr. j.

M. Sig.—Apply a portion on a pledget of cotton, sealing in with wax.

It is not always necessary to seal in, but it is best, and may be done just as well with cotton dipped in sandarac varnish.

The gums around the tooth should be painted with equal parts of tincture of aconite and tincture of iodine to reduce periosteal inflammation which is often present.

The patient should now be referred to the dentist as soon as possible for further treatment.—*Dr. J. O. Hart, Va. Medical Semi-Monthly.*

HOW TO ESCAPE A COLD.

The best way to escape colds is to avoid the infective agents. When there is an epidemic, cars, theatres and public buildings had best be used as little as possible; the imperfect ventilation in most of these structures renders them hot-beds of infection. Other rules essential to be given patients are: always to breathe through the nose; never to eat without first having washed the hands; never to neglect a common cold. If one fears that he has been exposed to infection he had best douche the nose and gargle with a hot solution of table salt—one-half teaspoonful in a tumbler of water. More cases of tuberculosis are the result of neglected colds than from any other cause.—*Medical Times.*

PRESERVATION OF TEETH OF SCHOOL CHILDREN.

Rules recommended by the School Children's Committee of the British Dental Association and circulated for the information of managers and teachers of the national schools in Ireland:

Without good teeth there cannot be good mastication.

Without thorough mastication there cannot be perfect digestion, and poor health results.

Hence the paramount importance of sound teeth.

Clean teeth do not decay.

The importance of a sound first set of teeth is as great to the child as a sound second set is to the adult.

Children should be taught to use the tooth brush early.

Food left on the teeth ferments, and the acid formed produces decay.

Decay leads in time to pain and the total destruction of the tooth.

The substance of the following rules should therefore be impressed constantly upon all children:

1. The teeth should be cleansed at least once daily.

2. The best time to clean the teeth is after the last meal.

3. A small tooth brush, with stiff bristles, should be used, brushing up and down and across, and inside and outside, and in between the teeth.

4. A simple tooth powder or a little soap and some precipitated chalk taken up on the brush may be used if the teeth are dirty or stained.

5. It is a good practice to rinse the mouth out after every meal.

6. All rough usage of the teeth, such as cracking nuts, biting thread, etc., should be avoided, but the proper use of the teeth in chewing is good for them.

When decay occurs it should be attended to long before any pain results. It is stopping of a small cavity that is of the greatest service.

In 10,000 children's mouths examined, 86 of every 100 required skilled operative treatment.

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SUMMARY OF DIPHTHERIA ANTITOXIN THERAPY.

The following facts have been demonstrated from the serum therapy of diphtheria:

1. Diphtheria antitoxin has lowered the mortality to less than 9 per cent. in some cities, over one-half in all climates and countries, where the American product has been used, the foreign serums having less neutralizing power.

2. Antitoxin has lessened the course and duration of diphtheria in all cases where used.

3. The best results have followed large dosages earlier administered, giving a mortality as low as 5 per cent. when the serum was injected within 48 hours of the invasion.

4. Antitoxin is a specific therapy against the toxins of true diphtheria, when presence of virulent Klebs-Loffler bacillus was demonstrated.

5. Antitoxin is less effective in the presence of a mixed infection, but is of benefit in all forms of diphtheria, ameliorating the symptoms, by neutralizing to certain degree, the generated toxin within the tissues.

6. It is safe practice, before confirmatory investigation has been made, or not at hand, to administer a medium dose to any patient having suspicious membranous angina follow up with a bacteriologic investigation of the local conditions.

7. Antitoxin presents no serious after effects, in the dosage that has been recommended and used, the few sequels have no ratio to the danger of diphtheria toxin.

8. Antitoxin will not entirely prevent in all cases the post paralysis, because of the previous effects of the toxin in the tissues before the antitoxin was given, but in sufficient doses, will neutralize the toxins generated after the serum has been injected, then curtails the previous effects to a limited degree.

9. Immunization can be given for a short time, three to four weeks when six to eight doses of antitoxin has been given, both to children and adults, in proper immunizing doses as above mentioned.

10. Antitoxin has proven itself the specific, or as near a specific remedy in all forms of diphtheria, can be given with almost impunity in the toxemia of the Klebs-Loffler bacillus, or other throat bacteria.

In mixed infections, the antitoxin should be administered, in connection with whatever other anti-serum is indicated, which is usually the antistreptococcic, both pushed until improvement occurs, continued until the patient is safe.—*Medical Compound.*

TREATMENT OF PUERPERAL ECLAMPSIA

Robert E. Coughlin, assistant physician to the Norwegian Hospital, Brooklyn, reports seven cases of puerperal eclampsia, in which all the mothers recovered and three infants were born alive and four dead. After detailing the cases the following conclusions are given:

1. That there is no expectant treatment in a consideration of puerperal eclampsia.

2. That early emptying of the uterus will bring about the best results.

3. That veratrum viride is a very important drug in the treatment of convulsions due to the toxemia of pregnancy (given in 15-minum doses hypodermically every two to four hours till it slows up the pulse perceptibly,sometimes bringing it down as low as seventy per minute).

4. That atropine sulphate should be tried in desperate cases, especially where there is a tendency to pulmonary edema.

5. That while careful nursing, hot pack application to kidney region, and diet are important, the prime indication for treatment is the early evacuation of the uterus, thus bringing about improvement in the metabolism, improvement in the circulation by reducing blood-pressure, improvement in the condition of the urine, improvement in the temperature, pulse, and respiration, saving the heart and the cardiac muscle from unnecessary strain; in a word, the bringing about of metabolic changes so that the balance between absorption and elimination has been increased in favor of elimination. —*American Medicine.*

Aconite internally and phytolacca externally are curative of parotitis; baptisia internally and phytolacca locally are used for nasal catarrh and for ozena.

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THE PREVENTION OF COMMON COLDS.

The common cold is not merely a congestion; it is an infection. The popular fallacy of a cold being due to exposure to drafts and sudden changes of temperature and chilling of the body, adheres persistently in both the professional and lay mind. None of these predisposing causes will produce a cold in an individual without the presence of the pneumococcus, the influenza bacillus, streptococci, staphylococci, or other bacteria. Arctic explorers exposed to all the conditions ordinarily supposed to produce colds, never suffer from these ailments until they return to civilization and become reinfected by contact with their fellow men.

Colds are contracted from other persons having colds, just as diphtheria is contracted from diphtheria. A campaign to prevent the spread of the common cold would have much collateral good in aiding the suppression of tuberculosis, and causing a diminution of pneumonia. Common colds occur in epidemics, and have all the earmarks of contagious diseases. House infections, and outbreaks in schools, factories and other places where many persons are closely associated, frequently occur, and result in considerable loss of time and money. —*Boston Med. and Surg. Journal.*

HAND LOTION.

℞ Aqua ammonia .....O j.
Glycerin .....O ij.
Hot water .....O ij.
Quince seeds .....ʒij.
Tr. benzoin .....ʒij.
Solution carmine ...q.s. to color.
Oil rose geranium...q.s. for odor.

Add the quince seed to the hot water and allow to stand until cold, with occasional agitation. Strain through a linen cloth and add the glycerin and aqua ammonia. Then add the tincture benzoin, which gives it the creamy color desired. Finally add sufficient carmine to get the color you wish, and oil of rose geranium sufficient to give it the proper odor.—*Physicians' Drug News.*

SPRAINED ANKLES.

The ankle is a very complicated joint, and when it has been sprained, the pain, swelling and weakness may last even longer than if there was a fracture of the small bone of the leg. When a sprain has occurred, the patient must at once go to bed and keep the joint motionless, so as to avoid inflammation so far as is possible. A surgeon should at once examine the parts to make sure that the injury is only a sprain; for, if there be also a fracture, splints must be applied to ensure union of the broken bone. Should the injury be only a sprain, the joint must be kept constantly covered with some cold application, such as layers of lint steeped in an evaporating lotion of spirits and water or vinegar, or with a cold vinegar and bran or linseed poultice. In either case the cold and moisture must be continuous for several days, and it must not be left off so long as there is acute pain and swelling. When these symptoms have passed off the ankle will require to be compressed with calico bandages, or by strapping with layers of adhesive plaster spread on leather or on moleskin—a specially strong fabric of cotton. The swelling will lessen under continuous pressure, and so the bandages or strapping will need occasional change. When the swelling has all subsided the ankle will be weak for a time from the necessary confinement it has undergone, and then there must follow a period of shampooing with baths of cold salted water, used every morning.—*Health.*

FOR SIMPLE ANEMIA.

The following has been prescribed for numerous cases of simple anemia, which had resisted the ordinary treatment of iron, exercise and food, with very satisfactory results:

℞ Liq. potass. arsenit. .....3j.
Massæ ferri carb. .....3ij.
Syrup. simp. .....q.s. ad. ʒiv.

M. Sig.—Teaspoonful after each meal, and take before each meal tinct. nux vomica, gtt. x.

Exercise in open air about three hours after eating. An occasional purge in the form of pill aloes and ferrum, or if there be flatulency, of aloes and asafetida.

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THE USE OF HELMITOL IN A CASE OF PROSTATIC HYPERTROPHY.

Dr. O. R. Hagen, of Paterson, N. J., writes: S. D., aged 92 years, was admitted to the Paterson General Hospital in January, 1906, with a broken hip. For 12 years he had led a catheter life, due to prostatic hypertrophy, and had suffered with a long-standing alkaline cystitis. Having heard Prof. Howard Kelly recommend helmitol in chronic alkaline cystitis in a clinic held by him in Paterson, and also having the drug brought to my attention by Dr. George Fischer, who suggested its use in this case, I decided to give it a trial. The patient received 7½ grains, three times a day, increased later to 15 grains, which he took for six months. During that time his urine remained slightly acid and was never irritating, and he was perfectly comfortable. Before that he had been able to hold his urine comfortably but for about nine hours, when I catheterized him. Afterwards he could go 12, 14, and even 15 hours without pain, and while previously I had been employing irrigations every three days it was now necessary to do this only once a month. After treatment with helmitol he was catheterized twice a day for six months, when he died of pneumonia. Since then I have used helmitol in my private practice and in my clinic, and consider it an excellent drug. —*Ex.*

PUERPERAL ECLAMPSIA.

In an article in the *Va. Medical Semi-Monthly*, Dr. J. H. Hiden, (who, by the way, is an occasional contributor to the SUMMARY pages), gives his experience with Puerperal Eclampsia, and in relation to treatment he says:

I follow no stereotyped rule. The treatment may be briefly put as follows: (a) Control of the convulsions; (b) empty the uterus whenever symptoms demand it; (c) assist nature in the process of elimination.

For the control of convulsions I have relied principally upon morphine and veratrum. These are given together, hypodermically, for the first dose; morphine, one-fourth of a grain; tincture of veratrum, ten drops. If this does not materially reduce the pulse rate within a short time, say, thirty minutes, a second dose of half the quantity of each is given. If any more veratrum is required, it is given by mouth. As soon as the pulse rate is reduced to about sixty beats to the minute, a mixture (containing chloral hydrate, bromide of potash and tincture of veratrum) is prepared to be given at stated intervals, say, every two hours, in sufficient doses to keep the pulse rate within safe bounds and to furnish to motor areas a nerve sedative.

In cases in which the uterus should be emptied it is safer to omit the use of veraerum during the administration of the anesthetic. Under the head of these operative cases I wish to refer to only those in which convulsions are ushered in ahead of term and in the absence of labor. In these cases I much prefer operative measures to the expectant treatment. The mechanical dilation of the uterine cervix under complete anesthesia and under the strictest aseptic precautions, is not so serious an operation as often supposed. Moreover, when this can be performed, and the fetus removed without accident, the greater part of the battle is won.

OPHTHALMIA NEONATORUM.

In treating ophthalmia neonatorum it frequently happens that the physician himself can not see the patient oftener than once a day, and must rely on the mother to wash out the eyes, and between his visits to instill whatever drops can be entrusted to her. In cases in which both eyes are infected we often find that one eye does well but the other becomes ulcerous.

The chief cause of this condition is that one eye is well washed out and the other is not. At each treatment of the baby it is easy to open the first eye approached, but after the child is hurt and starts to cry, it strongly shuts both eyes and rolls in the lids. Then even the physician finds it difficult to open the lids of the second eye wide enough to make the applications efficiently.

By habit a physician is likely to begin on the right eye every time, and that eye, for the reason given above, may get more thorough treatment than the left eye, even from him. In a room a baby is always left lying

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in its crib in the same position, picked up in the same manner, and the mother or nurse is likely to begin always with the same eye in the treatment, to the detriment of the other eye.

The remedy is, obviously, to instruct the woman to begin carefully with the right eye, for instance, at one treatment and the left eye at the next treatment. When an ulcer is present on one eye she should favor that eye by beginning with it.

In opening a baby's eyes a woman is likely to place the end of her finger too far from the lid margin, or to try to open the lids while they are wet and slippery externally; or a second woman attempts to help, and stretches the lids more tightly shut by keeping too far from the edge.

What is said here of ophthalmia neonatorum holds true also, of course, for infectious ophthalmias in all children up to an age when the two eyes can readily be opened equally.—*Dr. Austin O'Malley, in Jour. A. M. A.*

TREATMENT OF SKIN CANCERS.

Every physician ought to know how to diagnose and treat simple skin cancers. These, if diagnosed early, can be cured by cancer pastes, of which quite a number of formulæ are published. Cancers of the breast, rectum, tongue, tonsil, orbit or eyelid should be operated upon, but simple uncomplicated skin cancers which do not occupy an area to exceed four square inches, should be treated with an arsenical paste.

Marsden's paste was probably the first used for that purpose. It is composed of arsenious acid two parts and mucilage of acacia one part, thoroughly mixed. This should be applied to a space not greater than one square inch at a time. It can be left on until inflammatory swelling appears, which may be in one, two or three days, when it should be removed and a warm flaxseed poultice applied. The poultices should be kept on several days, until the separation is perfect, when granulation of a normal character will take place. Boujard's formula, with many physicians, is preferred to Marsden's. This is made of wheat flour and starch of each 60 parts, arsenic 1 part, cinnabar, muriate of ammonium of each 5 parts, solution of zinc at 52 degrees of Fahrenheit 245 parts, corrosive sublimate one-half of one part. The first five ingredients and the sublimate are ground to a fine powder separately, then mixed in a glass mortar. The solution of chloride of zinc is then slowly poured in while the entire mass is constantly stirred so that no lump can be formed. A thick layer of this substance is spread on cotton cloth, applied to the cancer and left in position usually about twenty-four hours. The after treatment is similar to that of Marsden's paste. All pastes of this character are painful in the effects and must be closely watched, and the after treatment must be carefully continued. If so, the results are almost uniformly satisfactory.

PASSING THE CATHETER.

Pick out a medium sized Jaques catheter; pass it down until it strikes the obstruction and refuses to move another inch; fill a large aspirating syringe, or any piston syringe holding two or three ounces, with hot water; couple the syringe to the end of the catheter, and gently force in the fluid, at the same time rotating the catheter; the pressure of the water forms a bladder-like sac at the end of the catheter, which forces the glands back, and by the gentle rotation the catheter rides over the gland, and the trick is done.

An energetic physician at San Antonia is curing drunkenness by gastroenterostomies, and a recent report says he has thus cured more than a dozen cases. One case of epilepsy was also cured by removal of the stomach. Will some one kindly invent an operation that will cure the cigarette fiend?

A medical friend of ours in Plymouth county has this sentiment conspicuously posted in his office:

* * * * * * * * * * * * *
* MAN IS MADE OF DUST. *
* DUST SETTLES. *
* BE A MAN! *
* * * * * * * * * * * * *

—*Annals of Gynecology.*

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

INTERESTING CLINICAL NOTES AND REPLIES.

Editor Medical Summary:

I wish to report a case, but before doing so will say a few words to Dr. Sawyer. With all due respect to the Doctor, I will say that he is mistaken. My professor of obstetrics in college always declared that it was impossible to hear the fetal heart sounds, and therefore other physicians were mistaken. I have since concluded that the professor was a little deaf. Now, Dr. S. may not be able to see the bugs, but they are there just the same. I will call your attention to Koch's rules, which are that the bacillus when recovered from body of diseased person or animal must be cultivated, and the cultures when injected must produce the disease and before proof is positive must be recovered from body and secured in pure culture. A very severe test.

I am sure the Doctor would dislike to have injected into his person any T. B. or other live germ, even though he thinks they are the result and not the effect of disease. I am sure no one claims green apple colic due to germs, and to my knowledge no one has claimed germs to be the sole cause of all diseases. I will ask the Doctor to remember that the toxins of any bacteria act in much the same way as chemical poisons, as, for instance, mercury.

As for tetanus, Dr. Sawyer, let me enlighten you. The germ grows very slowly and only away from oxygen, and therefore migrates along the nerve tracts to the brain and spinal cord away from the blood stream. This explains why it is so hard to cure and prevent.

My dear Doctor, don't you know that bacteria causes milk to ferment and form tyrotoxicon and other toxins? I thought it had been proven beyond an iota of doubt to any reasonable mind that bacteria cause some diseases, but not all. The argument that bacteria are the effect and not the cause of disease is very, very lame, and no one who has studied bacteriology—as any modern graduate in medicine has—would think it for a minute.

I know it is fairly proven that bacteria are everywhere; that the healthy body has inherent in itself the forms to destroy all varieties of germs if not ingested in too large numbers; that any lowered vitality from whatever cause, be it exposure to cold, overwork, overeating, old age and what not, in a body or part of a body will produce the right conditions for the growth there of bacteria; the right temperature, the right media, and grow and form toxins they will as sure as you are born. Study your bacteriology a little.

Recently I treated a case of pneumonia with pneumo-bacterin. The results were all that could be wished. The patient, aged 57, had a chill, bloody sputum and all signs of pneumonia on right side. On second day I injected 25,000,000 bacteria. The next morning the temperature was down to 101, and pulse accordingly lowered. To make a short story of it, I injected the same dose on three days, at which time the patient had a normal temperature, and lung had cleared up nicely. The temperature fell by lysis. On the eighth day the patient was out of bed.

From what I have used of pneumo-bacterin I consider it the superior treatment for pneumonia.

I don't wish to criticize any doctor's opinion severely, but would like to express a few ideas about appendicitis. The doctor who has been in active practice eighteen years and never seen but one case of appendicitis would not be qualified to judge

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of the merits of operation in such cases. I am going to dispute the article on page 215 (Sept.). I will say just the opposite. How often do we see cases of chronic indigestion with attacks of colicky pain or appendical colic not at all relieved by any class of drugs, entirely relieved by a simple appendictomy. This has been my experience and observation in many cases. Chronic invalids caused by a chronically inflamed appendix invariably put on flesh, and their digestive disturbances disappear.

The doctor who can practice twenty years without seeing many cases of acute or chronic appendicitis must be a poor diagnostician, or live in a peculiar neighborhood.

I have been practicing five years and fortunately have not had any fulminating cases of appendicitis, but I know of two cases in neighboring towns where two children have died by not having an early operation. These are facts. All competent surgeons agree that an early operation as soon as a diagnosis is made is by all means the safest course, notwithstanding the fact that the majority of cases recover without or with medical treatment.

I don't believe in unnecessary operations, but in appendicitis, especially a child, operate at once if not better in twenty-four hours, should be the rule. It is the cheapest and safest course in the end.

R. A. Black, M.D.

Sullivan, Maine.

UTERINE HEMORRHAGE.

Editor Medical Summary:

About the last half of September I was called in consultation in the following case: A young lady of 21 years had been suffering for the last six months of excessive menses. Every fourteen days she had the same trouble until on the 6th of September, the flow became so heavy as to threaten life. The doctor who was called in tried to check it, but failed absolutely. Two doctors were called in consultation, and they pronounced it a sequel of a retro-displacement. However, there was not the slightest pain in the back, no feeling of weight and bearing down in the pelvis, no leucorrhea; and by inspection I did not find any retro-displacement at all. On account of the symptom of profuse and prolonged menstruation with a shortening of the intermentrual period, I felt justified in putting the diagnosis: Hypertrophy of the endometrium (chronic hyperplastic endometritis). The uterus was increased in size and weight and the softness of the organ proved that the affection was in the first stage. I applied at once pituitrin (P. D. & Co.), packed the vagina very loosely and had the satisfaction to stop the flow after the second application. I also changed the medication (iron and ergot) to the use of strychnine, arsenic and cotarnine hydrochlorate. At the regular time of the menses a new hemorrhage set in, and I proceeded in the same way. In a short time the flow was checked and the patient out of immediate danger.

Will this case proceed in the same way? Will an excessive flow come on every time of menstruation or even between times? Will it be necessary to go ahead with applications and further interference? Time will tell, of course, but my prognosis is as follows: Since a hypertrophy of the endometrium is not expected to be improved by applications and medicines alone, the hemorrhages are apt to return at all times, and sooner or later it will be necessary to curette and finish the condition. The extreme weakness of the patient does not justify this action just now, and so it will be necessary to await the favorable time for same.

The treatment of this case brought me in a strange position towards my colleague, a young doctor, who I respect very much and consider to be a man of ability. When the second hemorrhage came on, they called on me and not the one who treated her the first time. This is, of course, most natural from the side of the patient, but I myself felt loath to take the case, inasmuch as I was convinced that my predecessor could act just as well as I did. Although I feel that misjudgment might follow, I know that on account of their absolute refusal to call in the former physician, and on account of the success they experienced, there is no reason for condemnation. Zw., M.D.

Michigan.

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HYDROPHOBIA—REPORT OF A CASE.

Editor Medical Summary:

That hydrophobia does as certainly exist as does diphtheria, pneumonia, or any other specific infectious disease, I have not the slightest doubt, and any who have seen such cases must be convinced that hydrophobia is a very real, and terribly fatal disease, unless Pasteur treatment is instituted at the earliest moment after infection. There are, I believe, frequent cases of rabies in Korea and many people become infected therefrom. To such comes an inevitable death with all its terrors seen during the course of this disease. There are no Pasteur Institutes in Korea. There is one at Nagasaki, Japan, that supplies the virus, but the price, thirty dollars, is quite beyond the reach of the poor, and it is generally this class who suffer.

In the case I here relate, and which was seen by the writer from its onset to its close, I have nothing new to give you, but the history may be of interest to the readers of the SUMMARY.

Patient, age six years, was bitten in the cheek by a mad dog twenty days ago. No local treatment was instituted at the time; the wound healed in a few days, and the patient experienced no discomfort from the time she became infected until yesterday morning. After breakfast the child complained of feeling unwell and ate no lunch, though she walked about the house. She lay down during the afternoon, and at supper told her father she wanted to eat, but could not. The night passed wakefully, the only thing noticed by the parents being a sighing respiration every two or three minutes. I was called at ten o'clock to see the little patient. She complained of an itching and tingling in the site of inoculation and of pain in the abdomen, but no headache. Her eyes were staring and bright, pupils dilated, pulse 140, with some elevation of temperature. Sighing respirations occurred every minute or two, and the patient was very talkative, though her mind was perfectly clear. Some of her expressions were quite odd, but "to the point." The child complained of great thirst. dry tongue and throat, and was very uneasy and restless. There was no feeling of melancholia, but her face showed anxiety. The sudden opening of the door caused slight spasms.

Several times water was offered her, and she tried to drink, but could not swallow. Five hours later all previous symptoms had increased in intensity. Pulse very rapid, higher temperature and general distress as well as severe vomiting and retching. There were frequent spasms with constriction about the throat, also an increased flow of saliva. Patient continually spit it out, evidently realizing that the act of deglutition caused suffocative attacks. She begged for water, but the sight of it so frightened her that she asked her father to put it away. There was now greater restlessness and patient tossed from side to side, springing up in terror every two or three minutes, and clutching at her throat with each paroxysmal attack.

Two hours later we again made several attempts to give our patient water through a long rubber tube, for it was piteous to listen to her appeal to have her thirst quenched. She tried to nerve herself by great effort to place the end of the tube in her mouth, but the thought of it caused repeated spasmodic inspirations, then in a moment of calm she would throw her head quickly backward and try to swallow. In this way several spoonfuls were taken, but every attempt threw the child into a terrible spasm, her face showing great anxiety and terror. From this time on no further trial was made to give more water. The spasmodic stage was succeeded by a short one of violent delirium, which was quieted by the hypodermic injection of H-M-C, (Abbott), repeated once two hours later. Coma followed delirium, though slight spasmodic contractions of the muscles of the neck continued at frequent intervals until death closed the scene, thirty-six hours after the patient first complained of feeling indisposed.

E. DOUGLAS FOLLWELL, M.D.
Pyeng Yang, Korea.

The death of children under one year of age is due to shams, and abuse of diet, patent infant foods, and Pasteurized milk.—*Elmer Lee, M.D., Medical Times.*

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TO WHAT EXTENT ARE OPERATIONS FOR APPENDICITIS INDUCTIVE TO RIGHT INGUINAL HERNIA?

Editor Medical Summary:

A gentleman consulted me recently about a right inguinal hernia which developed in his nephew, a young man of 21, one year following an operation for appendicitis. This and two other similar cases whose history I recall led me to ask the question—the title of this paper.

The second case was that of a banker, aged 60, who had undergone an operation for appendicitis seven years before I saw him. The entire incision had either broken down or the scar-tissue had stretched and become so thin as to leave only the skin covering, and there was atrophy of the incised muscles, so that nearly all of the abdominal wall of right side bulged and was so thin that I could not determine whether there was a large ventral hernia or merely complete absorption of the muscles and scar tissue. It was necessary to press several inches above and below where the incision was made to find resisting wall, and the condition was slowly spreading. Right indirect inguinal hernia developed within two years after the operation.

The third case was that of a physician, 24 years of age. He had undergone an operation for appendicitis two years before I examined him. The incision was low, and the scar tissue was firm and presented no indications of ventral hernia. The muscles extending from the incision to the pelvic bone were weak and bulged out of all proportion to what they usually do. Right indirect inguinal hernia developed fifteen months after the operation.

Were the above a mere coincidence? or were the hernias largely due to weakness of the muscles of the inguinal region produced by the operation? Is not the latter the most logical?

While I have seen many cases of ventral hernia and its consequences, I am unable to state the percentage of ventral hernia occurring following abdominal operations or the frequency that such affect the structures of the inguinal region.

If operations for appendicitis tend to weaken the muscles of the right inguinal region, even though hernia does not develop shortly afterwards, will not the effects continue to be exerted and render the subject more liable to hernia in later years when the muscles become relaxed and less able to bear the intra-abdominal pressure?

Are there any reliable statistics which treat on the subject?

C. FLETCHER SOUDER, M.D.
1803 N. 15th St., Philadelphia, Pa.

HYPODERMIC ABUSE.

Editor Medical Summary:

It was intended that the hypodermic syringe was to be resorted to in cases where the stomach was "out of commission," or where, from some cause, anodynes and other remedies could not be administered by the mouth.

But how is it now? The writer can assert truthfully that he never uses hypodermics if he can avoid them. A doctor showed me a much-worn hypodermic syringe, with as much pleasure as an "old veteran" would show his trusty blade, and claimed that he had used that *same syringe over one thousand times!* The Lord knows how many morphine fiends he has made! He also said that he knew others that used the instrument oftener still. If the medicament is given per stomach, the morphine can be concealed, but every patient associates the hypodermic syringe with morphine! It seems to be the fashion now, and men change their fashions as often as the tailor changes the cut of their coats.

As illustration, I must tell of a friend who said " Pills had gone out of fashion now as cathartics; that his fashionable patrons had about quit defecating, micturating, and all other dirty habits." The indiscriminate use of the hypodermic syringe smacks somewhat of display to impress the ignorant and the fastidious, and is in keeping with those who can't go to an obstetrical case without flaunting from fifty to a hundred dollars' worth of instruments—not to speak of gowns and headgear!

D. L. FIELD, M.D.
Jeffersonville, Ind.

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A FEW GUN CASES.

Editor Medical Summary:

Gunshot cases are not particularly in my line, and the first one that ever fell to my lot occurred nearly two years ago, it being a fatal case and was reported in the SUMMARY at the time. This summer I have had a few cases, and while there is perhaps little out of the ordinary, a report of them may prove readable, especially one of them.

August 7.—A young man between 17 and 18 years old, was brought to me one Sunday morning in an old one-horse wagon driven by a companion, and on examination I located a bullet in the upper third of the right thigh toward the outer aspect of the limb. An old gun with which he had been fooling discharged and the ball, a .32 calibre, passed through the fleshy part of the thigh and lacked only about an inch making its exit on the other side. Without an anesthetic I cut down and removed the bullet and the recovery was uneventful. This young fellow said he was done with guns for good and all. But please note what follows when he becomes the star performer in a real gun tragedy.

August 29.—Two little girls, 12 years of age, were examining a loaded shotgun somewhat gingerly and girl-like, but one finally raised the gun, and in the stereotyped fashion pointed it toward her companion and said: "I'll shoot you." Sure enough she did, but the girl's head was in range of the charge only sufficiently to make an ugly scalp wound. Dressed antiseptically the injury healed nicely in due time.

August 30.—Was called to see a lad of 11 who was staying at their country residence, and found that a companion had discharged a rifle in close proximity to the boy with a resulting wound in the shoulder, the ball having passed on. It healed without any trouble.

September 25.—Was called to see the youth who was shot on August 7. He had forgotten his resolve to quit fooling with guns, and had saved up his money and purchased a rifle, and on this occasion had gone out hunting with the companion who brought him to me some six weeks before. Said companion had accidentally shot the unfortunate boy in the head, the ball striking the right malar bone, from which it evidently ranged upward and backward into the pharynx and possibly into the brain. Satisfactory exploration was precluded by the patient being in a constant state of restless, twitching comatose, and in view of the fact that operative procedure was out of the question; searching for it would have been another case of "carrying coals to Newcastle." The pulse was weak and irregular and wavered between 35 and 60. It was only held up to the latter by hypodermics of strychnine and glonsin, reinforced with a little morphine a couple of times when restlessness was extreme. The breathing was sterterous and labored throughout and fatal shock was evident from the start. The patient vomited and spat blood several times, and for a number of hours hemorrhage occurred from the right ear. Death took place about thirty-six hours after the injury.

After all, the most we can say of guns is that they are a nuisance, and if they don't get the handler of them in trouble one way they will another.

W. T. MARRS, M.D.

Peoria Heights, Ill.

TEN QUESTIONS WITH NOTES.

Editor Medical Summary:

1. What is the psychological effect of politeness?

2. Will the hypodermic use of whiskey or alcohol in any amount produce drunkenness same as when taken internally?

3. Should a physician preserve any or all his medical journals, pamphlets, medical college announcements, etc.? I do not preserve only selected ones.

4. What influence does excessive horseback riding have upon the testicles? If I am not mistaken, I read in some book, and I think it was Remendino Circumcision, that it could be carried on to such an extent that it would cause atrophy of the organs. Is this correct?

5. Did Neisser use internal remedies in the treatment of gonorrhea, and if so what ones? Did he use any other remedy by in-

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jection except protargol? It is well known that Neisser discovered the gonococci and introduced protargol.

6. Should a physician have separate waiting rooms for negro and white patients? Will some of the southern brothers answer this question?

7. How can I combine iodine and creosote? They are both useful remedies in chronic lung and bronchial troubles, and the two in combination should be still better.

8. How can oil of cajuput and asafetida be combined? They are both valuable remedies for colic in children, and the two in combination should be an excellent combination.

9. About what per cent. if pregnant women abort that have measles and typhoid fever? I have had two cases of measles in pregnant women, and both aborted, one about four months and the other about six months pregnant. I have had one case of typhoid fever in a pregnant woman about eight months pregnant, and she did not abort.

10. What is the cause of death bells, that is, ringing in the ears that occasionally take place with all or most all persons. I guess any one will know what I mean.

I hope to see the readers of the SUMMARY give brief answers to these questions.

J. A. BURNETT, M.D.

Paw Paw, Okla.

EMPIRICS.

Editor Medical Summary:

If ours were the only profession annoyed by empirics, we might have still better cause for complaint. In the practice of law, there are pettifoggers; in the ministry, there are "stern-wheel" chaplains; yet the pretenders in these professions are more easily detected. There is nothing the masses know so little about as that of the qualifications of a physician. His labor is principally in private, and with material with which not one spectator in a thousand can understand its hidden changes. If a minister fails, he is soon down and out, but not so with the doctor!

The mystery of vitality, from bioplasm to cell, and from a cell to all its multiplied forms, which it assumes in producing the complex structure called man; and then the opposing forces which constantly tend toward the destruction of this enigma, working side by side, and as secretly as the vital forces themselves, all form a problem, which doctors even have not been able to solve; and of course the untrained looker-on cannot be prepared to render a correct judgment.

It is so easy to pander to popular ignorance, and flippantly talk about "old school" and "new school," "old fogy," and that old doctors are behind the times. That those who have studied and labored through weary years to attain to a successful scientific practice, are so much behind the swell-headed tyro, fresh from college! It requires such an infinitesimal preparation to talk above the comprehension of the average patron; hence the success in getting the ears of the masses, by the downright pretender.

The masses are sufferers with medical "color-blindness," and the unprincipled charlatan turns such a condition to his own account.

D. L. FIELD, M.D.

Jeffersonville, Ind.

TAPE WORM.

Editor Medical Summary:

Please give in next issue of the SUMMARY the best prescription for tape worm.

J. P. BLAKELY, M.D.

Alix, Ark.

[Now, please don't all answer at once, but really, Doctor, we want you to write it out, with full directions, provided you have much experience in treating tape worm cases successfully. Please let us have your best treatment.—ED.]

Who will write a practical, usable article on dandruff and the care of the scalp and hair? Why do men lose their dome-covering while women retain their "crown of glory?" What are the best means of conserving our hair? What are the best remedies for dandruff? These are matters that are of interest to all, while perhaps a few of us are concerned about gastroenterostomies.

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Favorite Prescriptions

We invite practitioners to send us for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and State.

Reader, let us hear from you in time for the next issue of the Summary. It is our wish that the reader take a special interest in this department of the Summary.

FOR HOOKWORM DISEASE.

Editor Medical Summary:

Instead of thymol use the following for hookworm disease; it works all right, and is non-poisonous and no dieting is necessary:

℞ Potass. iodid. .....gr. xxxv.
Aqua .....℥j.

M. Sig.—Ten drops four times a day in two ounces of water. In a number of cases it has removed tape worm also.

To diagnose hookworms without a microscope, place suspected excrement in a bottle with some water to prevent drying up. In from five to ten days, if it contains hookworm eggs, they will hatch out, and the worms can be seen with the unaided eye. Cover top of the container with a cloth to prevent extraneous contamination. Any one who eats raw vegetables or strawberries may have the worms as they crawl on them. Many cases of hookworm disease are taken for Bright's disease.

P. D. Fairex, M.D.
1110 S. Rampart St., New Orleans, La.

FOR ROUGH HANDS, RINGWORM, PERTUSSIS, ETC.

Editor Medical Summary:

I submit the following for your careful consideration and if thought worthy I trust you will give them space on your favorite prescription page:

For Rough Hands.

No doctor should have rough, grimy hands. One need not have them if he uses:

℞ Oil rose .....gtt. x.
Glycerin .....℥j.
Bay rum .....℥iij.
Oil cajuput .....gtt. xx.

M. Sig.—Apply to hands at night, and any time in winter before going out in the cold.

For Ringworm.

℞ Hydrarg. chlor. corrosive..gr. iij.
Spts. nitrous ether .....℥j.

M. Sig.—Apply to ringworm.

Farquhar's Prescription for Pertussis.

℞ Potass. bromid. .....℈ij.
Potass. chlor. .....℈j.
Pulv. ipecac .....gr. viij.
Sulphuric ether .....gtt. x.
Tinct. belladonna .....gtt. xx.
Fld. ext. hyoscyamus.....gtt. xv.
Syr. tolu .....q.s. ad. ℥iv.

M. Sig.—Teaspoonful every four hours to child four years old.

D. L. Field, M.D.
Jeffersonville, Ind.

ANOREXIA—MALARIA.

Editor Medical Summary:

The following formulæ have been thoroughly tested and were found serviceable in numerous cases, and therefore, submit them for publication in your Favorite Prescription columns:

For Anorexia.

℞ Tinct. ferri chlorid .....℥ij
Tinct. nux vomica.....℥iv
Hydrochloric acid.....mxxx
Elix. lactated pepsin..q.s. ad. ℥iv

Sig.—One teaspoonful at meal time.

Malaria.

℞ Strychnine sulph.....gr. ss
Cinchonidia sulph. .....℥iv
Iron sulph. .....℥j
Magnesium sulph.....℥ij
Sulphuric acid c.p. to solve.
Aqua lavendula.....q.s. ad. ℥xvj

Sig.—One tablespoonful three times a day.

J. A. Burnett, M.D.
Paw Paw, Okla.

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DECEMBER, 1910

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THE MEDICAL SUMMARY

Vol. XXXII

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.
R. H. ANDREWS, M.D., Editor & Proprietor
2321 PARK AVE., PHILADELPHIA, PA.

No. 10

ESTABLISHED 1879

Titles of a Few Leading Articles in this Number:

SOME MISTAKES AND SURPRISES IN MY MEDICAL CAREER

By ALBERT E. CAMPBELL, M.D.

PNEUMONIA

By T. H. HALL, M.D.

SUGGESTED IMPROVEMENTS IN THE COLLECTION OF VITAL STATISTICS BY THE STATE

By A. D. HARD, M.D.

COLDS AND THEIR PREVENTION

By M. B. FULLER, M.D.

PNEUMONIA

By D. C. DONAN, JR., M.S., Ph.G., M.D.

SURGICAL MANIA

By D. L. FIELD, M.D.

DRUG RASHES

By M. G. PRICES, M.D.

$1.00 PER YEAR

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Diseased conditions of the Nose and Throat are happily and quickly responsive to treatment by

PHENOL SODIQUE

Phenol Sodique Soap and Phenol Sodique Ointment are invaluable for Eczema, Pruritis, etc., or wherever Phenol Sodique is indicated, as an application or dressing.

In prescribing, please specify H. B. & W., as we manufacture a most complete line of the finest pharmaceutical preparations, such as fluid Extracts, Soluble Tablets, Elastic Capsules, Triturates, etc., which are carried in stock by leading druggists.

HANCE BROTHERS & WHITE

Pharmaceutical Chemists

PHILADELPHIA **Established 1855** *NEW YORK*

Antikamnia Tablets

OPPOSED TO PAIN

FOR HEADACHES, NEURALGIAS, ALSO

NO TOXIC EFFECT.

AND ITS

SEQUELÆ

NO DRUG HABIT INDUCED.

THE ANTIKAMNIA CHEMICAL COMPANY

St. Louis, U. S. A.

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The MEDICAL SUMMARY

A Monthly Journal of

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

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"THE MEDICAL SUMMARY,"

2321 Park Ave., Philadelphia, Pa.

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NOW FOR 1911.

By the time this number of the SUMMARY reaches its readers in the four quarters of the globe, another year will have been ushered in. Let us all strive to be better doctors during the year now before us than we have ever been in the past. Let us be prepared for our special field of work. To this end every medical man must be well informed and should be a regular reader of at least a half dozen medical journals. The up-to-date physician must also reflect a certain knowledge of the world in its general civic, social and scientific progress. Magazines and current publications which broaden the man are too scarce on the doctor's library table. The coming physician will be a man who is broad, versatile and capable. No doctor has time to fritter away in idle pastimes. The social amenities of life should not, it is true, be neglected, although the corner grocery mixing seldom bears much desirable fruitage. The medical man should not stick so doggedly to his studies and routine work as to preclude having a little fun as he goes along. A too full head of steam is dangerous. The theatre and places of amusement are not to be entirely tabooed. The thought we wish to now convey is that, in order to attain a moderate degree of success in the profession, one must be studious, industrious and the possessor of ideals.

So therefore let us henceforth be better doctors and better *men*. In order to treat our wives, children and horses a little better it may be necessary for many of us to collect more money from our patrons the coming year, so let us be more prompt in rendering statements to the delinquents. And now at the risk of being dubbed bromidic we give each reader the glad hand for a happy and prosperous New Year, and in the language of the hilarious Rip, "May you live long and prosper."

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HOW TREAT PNEUMONIA?

A few years ago a physician claimed that he had not had a death from pneumonia in twelve years, and during this time had treated 62 cases. His remedy was iodide of potassium. His method of using the drug was to give an initial dose of 10 or 15 grains, increasing it by five or ten grains every two or three hours day and night according to the severity of the case, until defervescence is well established. In this manner he has given from 1,000 to 3,000 grains of the drug daily in a 50 per cent. solution of milk. One patient, a child, received over half a pound of the drug in two days without showing any signs of intolerance!

Another physician aborts pneumonia by the administration of quinine in from 50 to 100 grain doses. The dose is repeated as often as thought indicated, and it is reported by the user of this heroic treatment that cinchonism does not take place only when quinine is administered during the stage of resolution.

Recently we called attention to the choral treatment of pneumonia. The plea for the employment of this powerful hypnotic is that if the patient does not sleep during the first 48 hours, death will invariably follow.

There are dozens of other lines of treatment which are regarded as well-nigh specific by their several advocates. We do not, however, believe that anyone has a corner in a pneumonia cure. We have many remedies that are valuable in the treatment of this self-limited disease. It all depends upon whether the remedies are well used or abused. The quinine-chloral-potassium iodide treatment might have a modicum of value, but in the light of present knowlerge he would be a bold physician indeed who would employ these drugs in the dosage above stated. Dover powder, calomel, salines, quinine, aconite, digitalis, bryonia, morphine, strychnine and many other drugs may have their value at some stage of pneumonia, but to attribute specific action to any of these would be a simple absurdity. At this time there is manifestly no remedy or combination of such to which we can tie in this disease. But that is not saying that drug therapy is *nil*.

DISGUSTING MEDICAL ADVERTISING.

This is an age of refined and esthetic advertising in the commercial world in general, but still vulgar and blatant medical ads. are so common in the public prints as to actually stare us in the face. The "weak men" specialists still ply their trade of catching mail order suckers, and the tansy pill and other "regulators" are held up to unsophisticated females. The metropolitan journals contain all too many advertisements purporting to cater to "ladies in trouble." We are all familiar with the questions propounded by the advertising specialists (?) and know with what importance they would have their victims look upon "palpitation of the heart," "dizziness," "feelings of impending danger," "despondency," "indisposition to work," "occasional night losses," etc.

We have just casually turned through a mail order paper and are struck by the grotesqueness and idiocy of many of the nostrum advertisements. Many of the illustrations are almost convulsive in the bizarre and overdone manner in which they are executed. "Catarrh" is depicted as a most horrible disease and the "germ" of it is on exhibition. Those germs in their life-size ferocity would appear to be a foot long. The catarrh sufferers themselves are a most uncanny lot. The advertisers of kidney remedies always depict the sufferers from that disease as bowed and bent and usually giving vent to the expression, "Oh, my kidneys!" The promoter of a hair-growing remedy displays a row of pates which are bald as billiard balls at the end of the line, but each succeeding coco showed a little more hirsute growth, this of course being in keeping with the use of the wonderful remedy. At the far end of the row was as fine a growth of hair as you could wish to see. The cause of dandruff and baldness was of course a germ, and beautifully magnified it presented somewhat the appearance of a boa constrictor. We saw centenarians of both sexes who had imbibed certain brands of whiskey for a lifetime, and to this indulgence they attributed their advanced longevity—in fact, seemed to gloat over what most people regard as unregenerate qualities. Another advertisement of

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a heart medicine had a cardiac organ displayed in the hand of an astute looking bewhiskered medical man, and over this gory scene in large type read the announcement: "Human hearts wanted." A lung remedy uses the cut of a naked man with his lungs exposed to public gaze. Another heart cure displays a man falling down on the street in the act of trying to die of "heart failure." The lady with a too generous embonpoint and bay window—naively the fat woman—is on deck as well as her trim likeness after she has had her excessive adipose "reduced." Many other before-and-afters are held up to the notice of similar sufferers. The illustrations are always calculated to make the inexperienced and credulous and gullible sit up and take notice.

We do not know whether any considerable number of persons are induced to take treatment from these blatant advertisers or not. Surely they do some business, or they could not afford to dabble so freely in printer's ink. One thing is certain: Much of the advertising of nostrums and cures is offensive to good taste and decency and caters to a low standard of intelligence. Some day we trust that some of the disgusting brazenness and affrontery of newspaper medical advertising will be rendered *passe*.

"TO CURE A COLD IN ONE DAY."

This is not an advertisement. It is so simple that it may sound foolish. Begin medication in the evening and whip every emunctory and secretion into action. This means the liver, intestines, sudorific and every gland that secretes or eliminates. The agencies that accomplish this are calomel, salts, dover powder, ammonia, jaborandi, the colon tube, pediluvias, hot lemonade, etc.—perhaps not all at the same time.

Whether the patient takes any of this treatment or not, he must remain in bed the next day. After all, the surest and quickest way to become divorced from a cold is to go to bed and remain there until better. The severest type of cold is benefited by lying abed 24 hours.

Glass stoppers may be kept from sticking and incidentally obviate cuss words on your part by using glycerin on them.

PHENOL POISONING.

Poisoning by phenol, or carbolic acid as it is more familiarly known to most of us, is all too common because of its frequent and promiscuous use. The laity should be cautioned with regard to the handling and therapeutic application of a drug capable of so much harm. It is a two-edged sword and can cut both ways. A great deal of damage has been done by applying carbolic acid without sufficient dilution. For example, many persons have produced severe and slow-healing wounds and sometimes general toxic symptoms because of applications of it for the purpose of eradicating corns. When carbolic acid is used in the home it should be kept in a rough or otherwise peculiar bottle so that it may not be mistaken in the dark. It is safer kept on a high shelf where in order to procure it a little climbing will be necessary.

An ounce of carbolic acid will prove fatal if taken into the stomach, provided antidotes are not almost immediately administered. It is the concensus of opinion that sulphates, epsom and glauber salts, should be given, although their therapeutic efficiency in phenol poisoning may be questioned. Alcohol is perhaps our best antidote and should be used to wash out the stomach. The stomach tube should be rather stiff and the physician need not hesitate for fear of puncturing the esophagus through the eschars of the acid burn, for these scars are superficial and only the mucosa is torn off. Demulcent drinks are in order. In the absence of the stomach tube a hypodermic of 1/20 to 1/10 grain of apomorphine should be administered. Chalk, lime and magnesia may be worth trying. Atropine and strychnine act somewhat as physiological antagonists and are of value in supporting the system while the normal condition is being regained.

We have some very valuable and interesting material in store for our readers the coming year, and you can not afford to miss a single number, therefore if not a subscriber, let us have your subscription now, commencing with our 33rd volume.

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ACHIEVEMENTS OF THE PAST YEAR.

Did the year just recently closed add anything to the annals of scientific medicine? That depends mainly upon the individual viewpoint as well as upon other considerations. While many theories were projected and some of them put on the semblance of a working basis, yet the definiteness of their ultimate outcome is by no means assured. Yet in every stride forward some one is obliged to pioneer the way and make it possible for his successors to take up his unfinished work and carry it to a successful consummation. Some one must necessarily "start something" or nothing will ever be accomplished.

Looking back over the past few months, we note several things that have been launched with a view to benefitting afflicted humanity and, incidentally, adding a few stars to the crowns of men of science. The new cure for syphilis has attracted more attention than anything else. Whether sterilization of the blood with this new agent will prove all that its promoters claim for it remains to be seen. A considerable element of the profession seems very enthusiastic over it and predict great things for it. The enriching of the hemoglobinic element of the blood with nucleinic products administered intravenously is another matter now having some clinical consideration. Optimistic individuals are disposed to see in this form of medication a solution of the tuberculosis problem. Locomotor ataxia is also having some attention and it is believed by many that under right conditions this once considered hopeless disease may oftimes be cured. We have learned more concerning the etiology and general manifestations of anterior poliomyelitis than ever before, although a specific cure for the terrible disease is thus far lacking. Along eleomosynary and altruistic lines we have made some advancements. The mentally incompetent and the physically unfit, the degenerate and moral weakling, all are now being better cared for than ever before. Several States have passed laws providing for the sterilization of those who are mentally, physically and morally unfit to procreate. The great army of white plague sufferers are receiving more consideration at both civic and private hands than ever before, and for the future medical skies look clear with bright prospects for a continuation of altruistic and uplifting movements.

BUSINESS.

In a little while we believe the epigram, "doctors are poor business men," will have outlived its usefulness. The profession is beginning to get its eyes open, although its lessons have been learned by a slow and laborious process. We are not a veritable fount of wisdom on the matter of making money and getting on in the world, but we can vouch for the soundness of these simple rules:

Collect your bills. Don't let them get too old.

Don't buy office equipments which you will not use.

Put by a little for the proverbial rainy day. That sounds bromidic, but otherwise it is all right

Are your life, your house, your horse, your goods insured?

Never send your money off for somebody else to invest for you in the hope of getting phenomenal returns. The moneyed men are all looking for such investments as that.

ANNUAL MEETING.

The annual meeting of the American Cancer Research Society will be held in Chicago the 6th and 7th of June, 1911. A cancer clinic and research laboratory is to be established at the Cancer Hospital, 1428 Wells street, Chicago, and a bulletin published giving the members of the Society the latest information concerning cancer. Any registered physician may become a member of the Society by sending in his application accompanied by report of a case that he has treated, or is treating, and the results he has obtained.

The consolidation of medical journals goes merrily on. State society organs often wish they could merge with a live independent minthly, but pride prevents.—*Lancet-Clinic.*

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

WHAT DO WE KNOW ABOUT THE PHENOMENA OF INSANITY?—A CASE IN POINT.

By Chas. Vanwye, M.D.

For some time past the conviction has been growing in my mind that many otherwise safe and intelligent physicians know essentially little regarding the phenomena of insanity. The malady presents itself under such a variety of manner and in such intricate combination that evidently there can be no more difficult theme in the whole range of diseases. Pathologists tell us that mental derangement is due to brain lesions, in the cerebral cortical centers, but no doubt such lesions have been found in individuals not mentally deranged; and is it not a fact that careful autopsies have failed to find these lesions in some of the hopelessly insane? Then it appears that pathology does not always furnish a definite basis for the elucidation of the clinical manifestations, and the symptoms presented are not always obvious. Can anything be more humiliating or more inimical to the advancement of our profession than the conflicting expert testimony which usually develops at noted murder trials? This discrepant evidence is aired by the press and casts opprobrium on physicians generally and seriously threatens the miscarriage of justice. For instance, in the noted Duestrow case some years since. Duestrow during a drunken frenzy shot and killed his wife and baby boy at his residence in St. Louis. This case attracted wide attention, much of which no doubt was due to the great wealth of the defendant. Insanity was the defence. Brilliant lawyers battled for days to prove or disprove this condition, but flight of pathos and eloquence failed to save the wretch Duestrow. Dr. ——, a scholarly writer and author of a book on mental diseases in which he had presumably smoothed the rough ways of this multiform malady, gave evidence in defence of Duestrow, quite at variance with what he had previously written. When his attention was called to this fact by the State's attorney, he merely answered that he had changed his mind since writing the book!

Rather a peculiar case in point lately came under my observation, and of which I wish to write here. The patient, a young married woman of thirty, pretty, intelligent and possessed of a voice soft and as agreeable as the lays of a harp string. On March 23rd, while visiting her father near this town, without giving the least signal, walked into the yard and drew a butcher knife across her throat, inflicting a wound about five inches long, penetrating the trachea twice in the interspaces of the cartilaginous rings. The hemorrhage, though principally capillary, was fearful for a short time. I was soon at the patient's side and found her in a profound shock, pulseless and cold. I closed the wound with a number of silk sutures, and it did well, healing by first intention, and without deformity. During her convalescence I casually interrogated her, but elicited from her no language that would indicate an unsound mind, notwithstanding during this time she made several attempts at self-destruction. Apparently she viewed with wistful eyes the dreamless dust of the grave and its spectral habiliments. After she had sufficiently recovered it was thought best to confine her in an asylum for a time; she was, therefore, put in charge of Dr. C. R. Woodson, of St. Joseph, Mo., a man of high professional attainments, and an expert on mental diseases. After a few months' detention she returned home pronounced cured; to all appearance such was the case. She visited from time to time and appeared cheerful.

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On November 18th she visited a friend in town and conversed pleasantly for an hour or two, exhibiting no agitation nor excitement. On departing she remarked that she would go where her husband, a carpenter, was working and accompany him home. Instead she repaired to a place some distance from town, where, shrouded in darkness and surrounded by intense solitude, she paid the last debt of mortality by plunging into a stream.

What were the factors that impelled this woman to hold subservient to her one desire, self-destruction, the grief and tears of devoted friends, resultant of her tragic act, the binding force of her vow and the duties she owed incident to motherhood?

Browning, Mo.

AN OBSTETRICAL EXPERIENCE,

By D. C. Summers, M.D.

On April 10, 1910, I was called hurriedly eight miles into the country to attend Mrs. J. H. Roberts in confinement—a large, robust American woman, 44 years old, and mother of eight children. All her labors had been very rapid, and knowing this, I hurried to her bedside.

Upon arrival I found a cyclonic labor in progress, vertex presenting and making firm pressure upon the perineum. After only a half dozen expulsive contractions, at intervals of only four to five minutes, the child, a large, strong boy, was born, accompanied by the immediate expulsion of the placenta and secundines all intact. I immediately proceeded to tie and cut the cord. While doing this, I noticed that the woman was still having hard pains as if in the throes of hard labor. I passed my hand quickly over the abdomen; found all the abdominal muscles rigidly contracted; no flaccidity as is usual after the expulsion of babe and other uterine contents.

I thought that perhaps there was another child. For want of time I had not, so far, sterilized my hands. I proceeded to do so at once, and as quickly as possible. and inserted my left hand into the vagina. I found what I thought for a moment was the buttocks and thigh of another child, and I came very near announcing that there was another one—the husband meanwhile being excited and plying me with all sorts of questions. However, I kept my head—and tongue, too—only answering when I had to, and then evasively.

The contraction continuing with unabated severity, and the supposed second child making no advancement, I decided in a few minutes to carry my hand well up into the uterus. This I did and found it entirely empty, and that which I had supposed was a child, was only folds, or rather rolls, of a distorted uterus, which was slowly but surely becoming inverted.

No time for delay, or dallying, or calling counsel—something must be done now! So I did the only thing which common sense dictated. I closed my hand, and very firmly pressed my fist up against the descending fundus; called for my hypodermic, selected a tablet of morphine, ¼ gr., atropine 1/150 gr., directed a lady how to fill it and use it. I also called for my chloroform bottle and mask. I directed another lady how to use it, all the while maintaining my position with my fist in situ, pressing firmly against the fundus.

I ordered the chloroform pushed, giving all necessary directions from my position and watching the pulse with my free hand. In about 20 minutes after the hypodermic, and the beginning of the inhalations, the storm began to abate, and relaxation of the uterine structures was taking place. She had reached almost complete anesthesia.

Now with my right hand immediately above the pubis, I made very hard pressure in a backward and upward direction, and at the same time applied all the force possible with my left against the fundus, when to my great delight the uterus began to roll back into its normal state, and continued to do so until complete restoration had been accomplished. (I need not here say in ex-Presidential language that I was "dee-lighted," for all who read this know I was.) Fearing to release my hold, I ordered the chloroform stopped, and an hour having elapsed since the hypodermic, I ordered another and remained in position for 30 minutes longer. By this time the uterus had become perfectly quiet, no longer resenting the pressure of my hand—when I slowly

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and very carefully withdrew my hand. I then elevated the foot of the bed six inches and for two hours watched carefully the patient, who was now sleeping soundly, and in the meantime proceeded to dress, weigh and otherwise attend the babe, and assure the much-excited husband and neighbors that all would work out right.

She woke up in some two hours, when I attended to her in the ordinary way by putting her in as clean and comfortable condition as possible, and after lowering the bed to a level again took my departure. She made an uneventful recovery and is now in good health.

I report this case because of its very great rarity—nothing like it having ever occurred before in my experience, which now covers a period of a quarter of a century. Nor perhaps has it occurred in the experience of many SUMMARY readers.

If a case of inversion of the uterus has ever come under the observation of any reader, very probably it was not seen until complete and the uterus protruding from the vaginal orifice, and it was then charged to the ignorance or carelessness of the attending physician, or laid on some meddlesome "old granny" pulling on the cord to get the after birth.

I wish also to remark in this connection that there are by far too many of the misfortunes, accidents and mishaps of labor charged to the ignorance or carelessness of some brother practitioner; or the attending "granny" is made the scapegoat for things many and unavoidable.

I want to say also that although the teachers in the colleges, the text-books, and nearly all professional men, are very pronounced in saying "*Never* make traction upon the cord in delivering the placenta," yet in my opinion there are very few, if any, who do not. I frankly confess that I do, and have never had any reason to regret it. I deliver by the combined traction and Crede's method.

Elm Springs, Ark.

I have read the SUMMARY for more than fifteen years, probably twenty, and still like it as I did at first. It is practical, reliable and interesting.—W. H. Thomas, Steel's Tavern, Va.

THE PATHOLOGY OF BRONCHO-PNEUMONIA.

BY C. W. CANAN, M.D., B.S.

There are few diseases that have had a longer list of names than this one. It has been known as catarrhal pneumonia, lobular pneumonia, capillary bronchitis, lung fever, suffocative catarrh, catarrhal fever and inflammation of the lungs.

The above list are now considered obsolete, and the name broncho-pneumonia has taken their place. This name more accurately describes the disease as seen by the pathologist. Taking its rise from the anatomical lesions, lesions that are always present in a greater or less degree according to the severity of the attack; and as the name implies, involves the bronchi and the parenchyma of the lung. It is to be greatly preferred to that of catarrhal pneumonia, as the word catarrhal is applicable to lesions of the mucous membranes; and if it could be applied to lesions of the trachæ and the larger bronchi, it would not be applicable to the smaller bronchi and especially not to the pulmonary parenchyma.

This disease is generally seen in the two extremes of life. Occasionally it is met with in the young adult, is frequently seen in old age, and is most common in infancy and childhood. The writer does not remember of seeing a typical case in one over five years of age.

According to the anatomical and pathological conditions present acute bronchitis, chronic bronchitis, and broncho-pneumonia, and all diseases of the air passages in infancy are as a rule a natural sequence.

Broncho-pneumonia frequently occurs as a sequence in measles, whooping-cough, scarlet fever, diphtheria and other diseases. It is differentiated from acute lobar pneumonia by its gradual onset, its relation to catarrhal inflammation extending into the finer bronchi, its irregular fever curve, its prolonged course, its absence of crisis and by its slow return to the normal, and by its tendency to relapse.

The pathological changes that take place to meet the demand when the infant begins to breathe and those that allow for its

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slow consequent growth are many indeed.

When breathing is once established the air spaces or mere buds at the terminal tips of the bronchi begin to push their way into the delicate connective tissue, enlarging, sub-dividing, and finally in early adult life we find them occupying every available bit of space. In early infancy the connective tissue is loose and abundant, but as development goes on it becomes but a thin dense band constituting the stroma. This stroma serves to distribute the net work of blood vessels and nerves, and upon this is laid the close-fitting epithelial linings of the air spaces. The air spaces and connective tissue interspaces are found to be about equally distributed in a five month fetus.

During the first year of life the alveolar walls are also thick and the blood vessels are loosely attached; therefore it is not until the fourth or fifth year that this development assumes the ripe proportions between alveoli and bronchi, and the stroma becomes dense and binding, restraining the capillaries as seen in adult life. Then again in fetal life the mucous membrane lining the bronchial tubes is loosely attached to the muscular walls and can be seen lying in wavy folds within the contractile ring, where its delicate structure serves to loosely hold the growing tissue together.

During infantile life the underlying loose tissue gradually binds the mucous membrane to the fibro-muscular tube, and from this time it keeps pace in its growth with the other compact tissues, until in adult life it appears as dense fibrous bands.

As the infant develops into childhood the air cells gradually increase in size, and the loose connective tissue surrounding them is condensed into their thin elastic alveolar walls.

Another important feature is the behavior of the blood vessels. We have seen that in infancy and early childhood that they are tortuous and are loosely retained in the alveolar walls; therefore they become distended easily and encroach upon the cavity of the air cells.

The student can easily understand how, (with these small air cells, thick walls of the alveoli, loose connective tissue, and abundant distribution of blood vessels) easily broncho-pneumonia can be brought about, and how a knowledge of the same may be valuable in directing the treatment.

The reader should remember also that in infancy the absorbent vessels accomplish their work slowly, and that the whole structure is so little removed from the embryonic type and that embryonal cells tend to multiply rapidly, and thus appear abundantly in the products of inflammation.

All up-to-date practitioners are acquainted with the regularity in which the bronchial glands are swollen in inflammatory lesions, and the frequency with which they become tubercular.

In broncho-pneumonia the process of extension varies with different individuals, but the most common procedure is for the inflammation to advance from the larger to the smaller bronchi, thence irregularly pushing its way into the capillary bronchi, and in this way communicating its inflammatory process to the terminal air cells.

This process may vary greatly in the rapidity of its advancement. The different structures may be attacked almost simultaneously, and the case may be very acute in character or the invasion may be so gradual, occupying several days or even weeks in its process.

The advancement may be rapid along certain bronchi, while others are involved more slowly. Then again it may select certain extensive portions in which not an air cell or bronchi escape, and in this way simulate lobar pneumonia. The bronchi in a certain region may be severely involved with a few scattered lobules of pulmonary hepatization.

These areas may be improved while new ones are forming or being involved. This is why we see the case improving one day and on our next visit find our little patient very much worse.

Our clinical notes contain the record of a case that lasting six weeks with this disease. Improvements at times were marked. then the disease would extend or involve new areas and we would have the same fight over again. But whatever the extent of hepatization or whatever the time occupied in its course, or whatever the post-mortem findings, the essential lesion is always the same: bronchitis with pneumonitis—broncho-pneumonia.

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The disease called pneumonia in children, whether running a short or long course, and whether showing marked symptoms, even of consolidation, is unquestionably broncho-pneumonia. Whatever may be the variation in the course of the disease and whatever may be the name applied to these various conditions, the disease is still broncho-pneumonia.

As we have stated, the lungs are made up of bronchi, alveoli, pulmonary pleuræ, and connective tissue, containing a network of blood vessels, nerves and lymphatics, and in this disease all of these elements or structures are more or less involved.

The pulmonary pleuræ is congested, the abundantly supplied blood vessels engorged, the alveoli and air cells are blocked or filled with inflammatory products, and the lymphatics do their work of elimination very slowly because they are also overcrowded.

It is really remarkable that any of these cases recover, when we think of so many delicate structures being involved by an acute inflammatory disease.

Orkney Springs, Va.

EARLY FUTURE MEDICAL PRACTICE.

By Robert Gray, M.D.

Ehrlich has sounded the key-note of the medical practice of the near future; the death knell of all syphilitic, cancerous, leperous and cutaneous disease nostrums, that have made such fortunes for their fabricators and sellers, and that may result the antedote for catarrh and consumption, so subtle is the influence exercised in the human anatomy, that its utmost possibilities have not yet been sought. The experiments of 1911 will run into the millions, and develop some startling surprises. I have some French advices that satisfy me that the extravagant pretensions of the new chemical wonder will entail no disappointments, but rather pass the wildest anticipations. We have to consider that Ehrlich is no mere adventurer in the realm of medicine, but a reputable scientist, who has already rendered the profession deathless service, in other directions; and that his product has been subjected to ten thousand tests, by men qualified and in positions to put it to the utmost proof, with an incredible uniformity of results.

Naturally there have been some skeptical muttering, clearly inspired by self-interest of those whose quack industries will be hopelessly stranded by a moderate percentage of the practical promises Ehrlich's proposition makes to suffering humanity being fulfilled.

Within a very few years we will have not more than a dozen substances that will constitute the medication of clinical practice; chemical products that are now slowly but surely developing under the fitful flickering of the midnight lamp, amid the lugubrious solitude of spectral silence, broken only by the pulsations of the throbbing heart of the tireless genius, buoyed by hopeful patience in sleepless watchfulness over some crescent embryo, early destined to body forth as the mystic creation of Ehrlich sprang into the vacant medical arena unannounced. The medical realm is no longer the catacombs of inert and ghastly dry bones, but is beginning to thrill with the electric nervousness of intensely strung life, arraying to grapple with and throttle disease and establish the reign of health on earth.

The mission of science is to banish disease from the earth and purify the human race, and the subtle influence is silently at work in many ways, Ehrlich having been the inspired medium to extirpate syphilis and other loathsome diseases; while the way has been made clear to others to arrest the development and march of deadly epidemics; and the work has scarcely begun. Vice and crime have their antidotes in preparation; methods of treatment that will put policemen and jailers out of their degrading employment. The reign of Sense is about to be enthroned on earth. The day of medication for curative purposes is rapidly passing, and preventive treatment will soon become the practice. Doctors will be employed to keep people well, not to restore them to health.

Most of my work now is to prevent disease or abort it at inception. This is a practice of priceless value to these big rubber and cacao plantations, where formerly half the people were off duty all the year

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round, with an appalling death rate. Now the loss of time from labor, due to sickness, is less than three per cent., and but one man has died in nine months on a plantation where fifty died in the same months five years ago.

This should put to shame your drug nihilists, for Simon-pure drugs wrought this change here, that is worth thousands of dollars a year to the owners of the plantation, giving me 25 per cent. increase of pay and practically no taxing work to do, having been called at night for said plantation but twice in six months. And the only medication I use, when the fever epidemic begins, formerly so fatal, is a comp. podoph. purge to all the people, at night, and two ten grain doses of quinine the next day, the men continuing at work, and comp. podoph. enough every night to keep the bowels in free action, with ten grains of quinine in the morning, for about a week; and the actual incipient cases that develop for abortive treatment raely reach ten per cent. of the people at work. This is simple and easy, and gets the best of the voracious mosquito, always present in black clouds. After such prophylactic treatment the cases of fever that appear are mild and easily vanquished.

There is no great hardship about dealing with malignant disease conditions successfully, when the treatment is rationally in conformity with the simple requirements of Nature, so often sacrificed to erroneous medication, because physicians were taught by blind theorists, misled by antiquated ignorance, and are yet dominated by influences of commercial selfishness, shrewdly exercised by the drug octopus, through the medium of the Council of Pharmacy, created by the medical fraternity to secure correct guidance in the pathetic domain of sick life. Were physicians in the United States less handicapped by sheer nonsense and would put their brilliant intelligence in accord with the voice of Nature, fewer if their patrons would flock to the false gods of Christian Science and other no more practical false pretenders.

Those among you who have read my vagrant contributions somewhat regularly know that I cut loose from my collegiate anchorage years ago, and that my practice has gradually tended to the betterment of disease conditions in this fearful tropical field, where no one has ever presumed to intimate that I have nothing serious to combat.

When epidemics of pneumonia, typhoid fever or other infection not permanently domiciled here, the same as pernicious malarial fever is indigenous, my treatment and results have been too often recounted to the profession to require repetition here. Your Pharmacopial and Council of Pharmacy lists are all Choctaw in my practice, my chemical substances being above their recognized standards in the treatment of desperate cases.

Pichucalco, Chiapas, Mexico.

A SHORT TALK ON THE FIRST AND SECOND DENTITION.

By Wm. Samueli, D.D.S.
Junior Medical Student, T. U. Dept. of Medicine. Philadelphia.

In order to make my article as clear as possible, I will occasionally be compelled to wander off from my subject. The mouth is not only the most characteristic, but is also the most important of all the features. No other portion of the human anatomy is of such structure and has such multitudes of function to perform.

Diseases of the body are associated with perceptible changes of the tongue, gums, lips, mucous membranes and teeth. On the other hand, isn't it reasonable to conclude that an unhealthy condition of the mouth will cause secondary disease of the human organism?

An offensive germ laden breath which is inhaled and comes in contact with a delicate structure, the air-cell, the capillary plexus, on which external respiration and pure oxygen depends, is hindered in its function.

Moreover, the danger of transmitting offensive matters into the gastro-intestinal system, as vitiated saliva or food polluted by noxious secretion, bacteria, foreign bodies, as tartar, etc., pyagenic infection of the deep cervical lymphatic glands, middle ear disease, probably due to infection via. eustachian tube, etc., goes to show the importance of the oral cavity in general. and

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still I haven't seen many references in the four leading medical journals of this country, which I am a subscriber of. It is estimated that twenty million teeth are annually sacrificed in this country. The neglect thus exhibited involves not only the waste of the teeth, but is probably the fruitful cause of abscesses, facial deformities, neuralgias, dyspepsias, headaches, eye, ear, nose and tonsilar troubles, probably according to some literature, appendicitis, etc. For these reasons the development, eruption, etc., should be better and more generally understood.

Eruption of the Temporary Teeth.—At about the fifth month after birth eruption of the decidius teeth begins, which is a double process, a gradual elongation and rising of the teeth, and the coincident absorption of the hard and soft tissues overlying them. The alveolar border is the first to show signs of the absorptive process, thus gradually making space for the advancing teeth. These rising in the sockets, the roots meanwhile lengthening press upon the overlying gum, which becomes thinner and thinner, and finally allows the escape of the imprisoned teeth.

It is not, therefore, as the common expression of "cutting the teeth" would indicate, a process of laceration, tearing or cutting, but of removal of impeding tissue by absorption, which allows the eruption of the teeth.

As to the time of the eruption. Theoretically there is a definite time, but practically the rule has exceptions. The rule is that the lower teeth precede the upper of the same class by about one or two months, but I have seen cases where the reverse was true. Another rule is that the teeth erupt in pairs. The above rule, in my opinion, is entirely theoretical. Out of 63 cases which I have recorded, not a single case presented the eruption of the teeth in pairs. Theoretically the following table may illustrate the eruption of the two sets of teeth.

TEMPORARY.

2 central invisors, between 5 and 8 months.
2 lateral incisors, between 7 and 10 months.
2 canines, between 12 and 16 months.
2 first molars, between 12 and 20 months.
2 second molars, between 20 and 36 months.

PERMANENT.

First molars, between 5 and 6 years.
Central incisors, between 6 and 8 years
Laterals, between 7 and 9 years.
First bicuspids, between 10 and 11 years.
Second bicuspids, between 10 and 11 years.
Canines, between 11 and 13 years.
Second molars, between 12 and 14 years.
Wisdom teeth, between 15 and 22 years.

As I've stated before, the eruption will depend upon the general health of the individual, because the eruption of the teeth is a natural process, but comparatively few such cases occur. It is rare for a child to pass through a period of dentition without more or less manifestation of suffering, and frequently there are serious and alarming disturbances.

It is a well-known fact that this is the period of greatest mortality among children, for various reasons, as important developmental changes take place in the gastrointestinal tract, respiratory and cardiovascular system, and above all the central and sympathetic nervous system. Doubtless these concurrent changes exercise their share in producing constitutional disturbances of this epoch. This, however, makes it more imperative that the child shall have even more than usual hygienic care and freedom from all avoidable disturbing influences; for whatever tends to lower the resisting power of the organism may readily convert a natural course of dentition into one of pain and danger.

There is certainly during the period of dentition an increased susceptibility to nervous and digestive troubles, requiring more than ordinary care and watchfulness of the child on the part of the mother and attending physician.

It will be seen that difficult dentition may aggravate serious disorders. As these on the other hand may be reasonably suspected of interfering with a natural eruption of teeth it is certainly unsafe to ignore the possible complications which may be due to dentition.

As a rule the amount of irritation is in proportion to the number of teeth erupting simultaneously, but owing to susceptibility of certain individuals, *e. g.*, debilitated, hysteric, reactive, etc., where the excessive nerve energy is in readiness, as it were, a

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single tooth may cause more disturbance than a half dozen teeth in another child under similar conditions.

At the commencement of eruption of the teeth, there is generally an increased flow of saliva, which keeps the mouth moist and cool, but in proportion to the increase in the irritation, the mouth becomes hot and dry, slight fever, constipation alternating with diarrhea, an unusual redness of one or both cheeks, with loss of appetite, disturbed sleep, are frequent symptoms of nervous disturbance. Eruptions are apt to appear in any part of the body, with ulcerations of the tongue, gums or lips, uneasiness and fretfulness, and thirst, are evidences of increased irritation, which, if not relieved, may be followed by more active manifestations. During quiescents the child will frequently chew its thumb or finger. This counter-irritation certainly affords a temporary relief. Sometimes the nervous irritation will be manifested by convulsions. If we consider for a moment the intimate relation of the following, it will readily be understood why secondary complications are liable to occur.

The deep cervical lymphatics are in direct communication from the superior maxillary mucous membrane and teeth; also the parotid gland, submaxillary gland.

Secondary affection of the mucous membranes of nose, pharynx, eustachian tube, tonsils, etc., by continuity.

Reflex irritation due to disturbance of the second and third division of the fifth may manifest itself by symptoms of the following organs, due in turn to direct communications of arbarizations of the cranial spinal nerve the fifth:

Symptoms of the eye via opthalmic nerve.

Symptoms of internal ear via geniculate ganglion within the aquæduct fallopii, and in turn with the sight nerve.

Symptoms along the distribution of the vagus.

Symptoms along the distribution of the hypoglossal and glosso-pharyngeal and recurrent laryngeal nerves, etc., etc.

From the slight description of the above, it will be seen the great importance of a careful and conscientious study of each case. The local symptoms of eruption may be briefly summarized as follows:

Increased heat, redness, swelling and hardness of the gums, later a peculiar whiteness caused by pressure of the coming tooth. Gums are very tender, so sensitive that the slightest touch will cause pain, and the child, on attempting to take the breast, will stop suddenly with a cry, simulating colic.

It is not difficult to understand that a free division of the gums over the tooth or teeth thus situated, may by removal of the pressure give immediate and complete relief. It is also suggested by the occurrence of the usual symptoms of difficult dentition, even by the absence of local symptoms, to give the child the benefit of the doubt by free incision over the teeth whose eruption is, in accordance with general experiments to be antiquated.

The objections which may be made against lancing are probably as follows:

(a) The gums are probably insensible. This objection is manifested by partial or complete relief of the infant after lancing the gum. The relation of cause and effect is apparent to every observer; also the evidence of adult patients who experienced the comfort resulting from lancing the gum over the difficult erupting wisdom tooth.

(b) That there is danger of serious hemorrhage.

The liability to serious hemorrhage after lancing is not worth considering as a danger in comparison with the vastly greater risk incurred by its non-employment when indicated.

(c) That there is an increased resistance to the eruption of the tooth by the cicatrix or scar which results. By removing the resistance the scar will not form, providing a space will be left so that there will be no approximation of the edges.

(d) That there are increased chances of infection. If the technique is aseptic and the principle of oral hygiene is carried out according to the principles of the twentieth century, the questions of infection are too small to merit its discussion.

As for the lancing, the division of the gum should be in the line of the arch for the anterior or incisor teeth. As for the molars a crucial incision should be made. The slight hemorrhage can be controlled

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either by pressure or a mild astringent spray used with an atomizer.

From the above description, it will be seen that my endeavor was to present an article the best I could, hoping that it may clear up some meagre points, and if it should help only one member of the family, you could rest assured that I would consider it ten-fold repaid.

7530 Pine St., Philadelphia, Pa.

THE MEDICAL PROFESSION MUST CHANGE ITS TACTICS.

By William J. Robinson, M.D.

President of the American Society of Medical Sociology.

He who is not a frequent visitor to radical clubs, does not come in contact with newspaper men, with New Thoughters, and does not read regularly the numerous naturopathic, health culture and physical culture journals, and other allegedly advanced publications, can have no idea how the medical profession is ridiculed, how it is maligned, how it is lied about, how it is misrepresented, how it is "knocked" on every possible occasion.

We are pictured as ignoramuses, grafters, butchers, anxious to operate whether there is a necessity or not, drug dopers, etc., etc. We are denounced as a trust, monopoly, and any attempt of ours to organize, to pass laws protecting the public health, is characterized as an attempt at class legislation, a desire for special privileges, inspired by our fear of the competition, by our fear of the superior skill of our irregular rivals.

And the average physician who has not given the matter any thought, has no idea what effect these unceasing slanders and persistent lies have on the public mind, how suspiciously a large part of the public is beginning to look at the medical profession, how we are losing the confidence of the people, how the ground is slipping from under our feet.

As an illustration we need only mention the reception that has been accorded to the suggestion of a Federal Department of Health. The motives that actuate us and the objects of such a department were at once misrepresented, the people were made to believe that their freedom to choose a medical adviser was threatened, the forces of reaction and obscurantism, masquerading in some instances under the guise of liberalism, were quickly marshalled and in a short time a society was organized, which now claims a membership of one hundred and fifty thousand.

We, physicians, are ourselves to blame. When the irregular, fantastic and pernicious cults began to make their appearance, we paid no attention to them. We thought they amounted to nothing, and would soon dry up and shrivel away of themselves. When the malicious attacks began to appear in the various quack publications, we remained silent. We considered it *infra dignitatem* to pay attention to them, and we thought that the public would have no difficulty in seeing through their falsity and meretriciousness.

Our long and patient inactivity has been due to the false idea that truth will always triumph and error is bound to die. Yes, eventually. But if error is allowed to grow and spread unhampered, while those who see the truth will not take the trouble to proclaim it and expose the error, then it can take centuries before the correctness of the truth and the falsity of the error will be perceived.

In this as in every other line of human activity prevention is immeasurably superior to cure, and the right way to fight error is not to permit it to get a firm foothold. Error and superstition are hard things to uproot after they have attained the dignity of a universal belief.

It is time that the medical profession change its tactics and assume a wide-awake, militant attitude. It is time that we actively attack error wherever it shows its head. By reading papers before lay audiences, by participating in discussions, by writing to the newspapers, by refuting the false arguments of the false prophets wherever they appear, we can do much toward destroying the influence of the quacks and the irregular cults. In short, we must throw off our exclusiveness, we must go out to the public and take it into our confidence.

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The truth is with us—that we know; only we must not hide it under a bushel, and expect that its light will, without any effort on our part, penetrate into the darkest recesses of ignorance and quackery.

12 Mt. Morris Park, W.,
New York City.

QUACKERY vs. ETHICS.

By C. Edwin Goodell, M.D.

In looking through the pages of various medical publications, we find many detailed cases purporting to have come from the pens of members of the medical profession, and who, while posing as highly ethical practitioners, denounce in no uncertain terms other brother physicians for their unethical (?) attitude in practice; and while these criticising members continue to lay great stress upon the quack methods being used among their brothers, they wilfully plunge themselves into the greatest depth of quackery, possibly unknowingly.

Not many years ago these same men put forth their utmost endeavors to enlighten, if possible, the more wayward members of the profession, trying thereby to keep them in the straight and narrow path by threatening to ostracize them from their medical societies. And now, after all this ethical pomp on their part, what do we find? We simply find them doing the most ridiculous and unethical things themselves, while they, seemingly trying to raise the standard of ethics in therapeutics, declare boldly that any man, being a member of a medical body who stoops to the ridiculous practice of mental and suggestive therapeutics should at once be brought to the bar of pure reasoning and taught the folly of his ways, and if he then continues to use psycho-therapy in his practice, to debar him from further membership in his society.

Now what has changed the views of these men? Is it because they have found good material in psychological laws, or are they still going on, using suggestion ignorantly while they denounce their once-beloved brother practitioners who use the same methods in scientific and ethical ways?

One physician whose ethical views are painfully apparent, in his previous writings relates the following:

"I remember," he says, "a recent case of a woman who was absolutely convinced that she was suffering from an internal tumor. Eight years before she had a large tumor removed. Six months ago she received a fright through one of her children upsetting a lighted lamp, and when she had somewhat recovered she became convinced that a recurrence of her trouble had begun and that the only thing to save her life was an operation. She had consulted her own physician, who, after a most minute diagnosis, declared that there was absolutely nothing to fear and that there was no trace whatever of the supposed tumor. The woman was still unconvinced and applied to us for a bed as a paying patient; entered the hospital and begged that the operation might be immediately performed. With the assistance of two other surgeons I determined to perform the operation; and this is how we did it."

(Mark the uncalled-for deception on the part of these extremely ethical men!)

"The patient," he says, "was given an anesthetic sufficient to reduce her to a state of semi-consciousness. She could hear and feel vaguely, though she could see nothing. We moved about the room quietly, spoke in whispers, gave hurried orders to the nurses, etc., and in fact, acted just as though we were engaged on the biggest operation of our lives. Then one of the assistants fetched a jug of ice water, and, holding it above the supposed affected part, let the cold fluid fall at the rate of about one drop every five seconds. When the water touched her body the poor deluded patient would wince and groan as though in great agony. After we had gone on in this way for some time the woman was swathed in bandages and conveyed by ambulance to her room.

"On awakening she found two trained nurses creeping about the apartment, one of whom immediately held a cup of beef tea to her lips and asked her to try and swallow a little. After considerable effort she succeeded, confiding to the nurse the fact that she felt terribly weak and languid.

"There she remained ten days, after which she was allowed to get up for a time and her friends permitted to see her. In

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three weeks she returned home perfectly cured of her tumor—and to this day she does not know of the hoax which was played upon her."

This, gentlemen, they will probably call ethical, not to say scientific; but permit me to cite one other case, that of a young lady suffering from an hysterical affection:

"This patient," the doctor (?) says, "would never lie down in bed, but invariably sat bolt upright with her back against the footrail, constantly turning her head from side to side like an automaton."

He says: "I had watched her do this curious action many times, and one day I asked her why she continued it, to which she replied that there was a string in her head which pulled it from side to side, and that until it was cut she would have no rest. I asked her if she would allow me to examine her head. She seemed perfectly willing, and after an inspection lasting for twenty minutes, I gravely announced that she was quite right, and that the only cure was an operation in order to sever the string. The request was made to have the operation performed at once, but the physician in this case, thinking the matter over, deferred doing so until he had consulted the other surgeons. Having explained the circumstances, the operation was agreed upon, and the following morning the patient was led into the operating room, placed upon the table and anesthetics administered. Part of her luxuriant hair was cut off and a portion of the back of the head was shaved smooth. Then in order that there should be something to show for the imaginary operation, the scalp was lanced until the blood ran, leaving an incision about two and one-half inches in length. This was bound but not strapped, and the patient was conveyed back to her bed, where she remained forty minutes before returning to consciousness. Meanwhile I had taken a piece of an ordinary E violin string about four inches long and soaked it in water until it resembled a raw sinew, the object of this, of course, being to show the patient the actual string taken out of her head. When she returned to consciousness she was told how entirely successful the operation had been, and shown the string which had been the cause of her trouble."

I need not ask your opinion of this class of men. I admit, however, that they might be justified in deluding their patients in order to effect a cure, but why, I ask, do they resort to such methods when more rational and more decidedly ethical means are at hand? We can expect this ridiculous *modus operandi* at the hands of the charlatan, but can hardly expect it from supposedly intelligent and would-be or think-they-are ethical practitioners of medicine, who understand, or should understand, the laws of psychology sufficient to lift them from the realms of quackery.

Newark, N. J.

STRYCHNINE IN PNEUMONIA.

By Louis J. Pons, M.D.

A warning should be sounded against the promiscuous use of strychnine in pneumonia. Some physicians prescribe the drug in every case regardless of the patient's needs. Such routine practice cannot be too highly condemned. The tendency seems to be increased dosage, which in many instances produces harm and over-stimulates the heart and nervous system. I rarely find it necessary to use more than 1-60 gr. once in six hours. Many of my pneumonia patients recover without the use of the alkaloid at all. Huge doses, as prescribed by some, are rarely called for, and most cases do well without, unless small doses for a tonic effect after the fever has subsided.

A case recently coming under my observation, where the physician was giving 1-30 gr. every three hours, the patient having all the symptoms of the too liberal dosing. Strychnine is a fine remedy when indicated, but its action should be watched, especially at first, as some are easily affected.

Roxbury, Conn.

Smith—They say old Dawson has locomotor ataxia.

Jones (absent-mindedly)—Some one told me he had a touring car.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

ELECTRICITY FOR APPENDICITIS.

Electricity is now recognized in the treatment of appendicitis and a detailed account of cases which have been benefited by it is given in a late issue of the *N. Y. Medical Record* by Dr. William Harvey King, of Philadelphia. Dr. King finds that high frequency currents are useful in relieving congestion of the appendix.

He declares that he has demonstrated that a large number of chronic cases of the disease have been relieved by the currents. In some instances there was an adhesion of the appendix to surrounding tissues. This leads him to believe that the high frequency currents counteract such a condition as in this class several cures were made.

Simple catarrhal appendicitis he would call the cases which have responded most readily to the electrical method.

CANNABIS INDICA.

This valuable remedy fulfills two important indications. First in order of efficiency it is a remedy for depression of the nervous system. Secondly, it allays irritation of the urino-genital tract and relieves pain. For the first purpose it is invaluable in more or less painful conditions, in which opium, on account of its tendency to restrain normal secretions, would be inadmissible. Cannabis exerts far less restraining power over the secretions than does most similar anodynes, it favors good appetite and digestion, and exhilarates the spirits. Hence its value in such disorders as are attended by gloom and foreboding. It is perhaps in genito-urinary disorders of an inflammatory type that its usefulness is most strongly displayed. With the properly-selected sedatives it meets the wants of a pain reliever and nerve soother in urethritis, whether idiopathic or specific. Gelsemium, aconite, and cannabis are, perhaps, more frequently indicated than other internal agents in acute gonorrhea. It is of supreme importance in surgical fever due to the passing of the catheter or bougie, or from operations upon the urethral tract. Think of it in chronic cystitis, chronic irritation of the bladder, dysuria, painful micturition, and strangury. In various forms of neuralgia, in gastralgia, gastric ulcer, neuralgia of the pelvic viscera, and in whooping-cough and the cough of phthisis its effects are gratifying. Note briefly the specific indications: marked nervous depression; irritation of the genito-urinary tract; burning, frequent micturition; painful micturition, with tenesmus; scalding urine; ardor urinæ wakefulness in fevers; insomnia, with brief periods of sleep, disturbed by unpleasant dreams; spasmodic and painful conditions, with depression; mental illusions; hallucinations; cerebral anemia from spasm of cerebral vessels; palpitation of the heart, with sharp, stitching pain; and menstrual headache, with great nervous depression.—*Med. Standard.*

NON-SURGICAL TREATMENT OF CANCER.

In an article under the above caption in the *Medical Brief,* Dr. Charles Ott, of Kansas City, says:

There are many so-called cancer pastes and plasters in use, every specialist claiming to have one that is best of all and refusing to divulge the composition. The fact, however, is that among all of them there is comparatively little difference. The writer's experience has been confined chiefly to a paste that is very simple, efficient, and has this advantage—that it will not attack healthy tissue. It is composed of equal parts of pulverized sanguinaria, hydrastis and chloride of zinc, with sufficient water to make a paste, and before applying he adds usually about two per cent. of orthoform as a local anesthesia. This when applied will rapidly destroy infiltrated tissue,

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turning it white, and when it reaches the limit of that, separation will take place and the devitalized tissue will finally drop away. It will follow the various extensions of the growth in whatever direction it may be found, provided the plaster applied is large enough.

There is in all cases some little technique that needs to be understood in order to have the best results in the shortest time. If there is no opening in the skin or if the growth is covered by apparently healthy tissue, I usually resort to a method which will shorten the process. I paint the skin with pure carbolic acid, naturalizing that with alcohol, covering the surface with a strong saturated solution of potassium hydrate, that is permitted to remain until the pain becomes severe, when it is neutralized with dilute acetic acid and the way for the other plaster is clear. If, however, the cancerous growth is large the rational way is to remove the visible growth in a surgical way and then follow by the application of the plaster for a short time to remove the infiltrated tissue that may have been left.

THE VALUE OF DRUGS IN THE TREATMENT OF DISEASE.

By H. H. Fletcher, M.D.

When Albrect Von Haller laid down his dogma in the preface of his Swiss Pharmacopœia (A. D. 1755): "That only by experimentation could be found the medical properties of drugs, first using the bodies of healthy and after the bodies of sick animals, observing the effect in both cases and noting the difference between them, before classifying the action of the drug. Drug therapeutics received its first material step in scientific advancement.

The medical profession have from time to time made much real advancement by following the lead laid down by Von Haller, yet it has demonstrated often that it was only made up of human beings and was essentially human because it has gone after fads, often following them with much zeal for a considerable time; yet conservative methods have always prevailed in the end and the real working body of the profession have returned to the gods of their fathers wiser and much more capable of making real advancement.

Deviation at this point could be made in any direction: from the most empirical to the most rational; from the giver of decoctions and infusions to the advocate of alkaloids only, and find some one who would to a greater or less extent agree with me, and many who would disagree with any position I might take in that direction, and yet I do not wish to take the stand that any method is entirely wrong, for until physiology, physiological chemistry, chemistry, diagnosis, etiology, pathology and therapeutics are finished branches and all physicians are masters of them, empirical drug giving must and will exist. Rational therapy will only come after many years of patient research.

Again, some drugs are as yet best given as alkaloids for some conditions, but not all by any means, as alkaloids are not capable of completely replacing the drugs from which they are extracted in all conditions and for all indications, while some drugs are best given in infusion for certain conditions.

I might elaborate on what I think to be the most essential drug for a usual condition, and insist that all see it in the same way as do I, or I might dilate on drug indications and contra-indications, but the subject is so much better handled by any standard text-book than I could that I will make no attempt.

It seems to me the principle in the question under discussion is that the best results in drug giving can only be obtained after a complete knowledge of the physiological action of the drug is obtained and the prescriber is a master of etiology, physiology, pathology and diagnosis, for only after the physiology and pathology are known can the proper steps be taken to correct or rather aid nature in correcting the pathological process which is causing the discomfort and danger.

I feel safe in saying, for many years yet to come we will give drugs for conditions because of the fact that they have been given in previous conditions of the same or similar nature with good results or possibly curative action, yet it should be the aim of every active physician to strike as near drug rationalism as is possible with his knowledge of the subjects in question.

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Every year text books on treatment and therapeutics come nearer and nearer this ideal, and the advancement in the future should equal if not exceed that of the past. The old books gave a great list of remedies which might be tried in certain cases with little or no reference to the pathology and the etiology has in many cases proven wrong by later pathological research. I remember once reading in a popular medical journal a lengthy article on the curative action of the malaria plasmodia for T.B., the writer taking the position that one infection would anihilate the other, leaving the patient free from either. Such rot often misleads the young student and does him much harm.

There is in my mind great good to be derived from proper medication, if given with the idea to aid nature in correcting pathological processes, yet the physician who does not pay proper attention to other therapeutical measures, such as diet, exercise, hygiene, hydrotherapy, electricity, serotherapy, etc., and above all preventive medicine and sanitation, falls a great way short of accomplishing all the good that is possible for him to do.

Winchester, Ill.

DIET IN TYPHOID FEVER.

Dr. Cyrus J. Strong, of the Bellevue Hospital staff, believes that his experience during the past three years shows the benecial effect of a diet containing no milk. He gives instead liberal rations equivalent to 3500 calories per diem. Boiled rice forms the basis, 6 to 8 ounces (with butter and sugar) at a time. Three to six eggs are given as a rule daily, shirred, soft boiled or shaken with sugar, ice and orange or grape fruit juice. Gelatin is well liked and of great service. Meat broths may be used—also fried bread, as the patient desires. He should be fed every 2½ or 3 hours.—*American Medicine.*

A tight finger-ring may often be removed by dipping the hand in cold soapsuds.

It doesn't cost half as much to live as it does to make a favorable impression on the neighbors.—*Western Druggist.*

THE NEGRO AS A HEALTH PROBLEM.

Dr. H. M. Folkes, of Biloxi, Miss., in the *Journal A. M. A.* says that the colored race before the abolition of slavery, showed a higher standard of health among the children than has ever been maintained since their emancipation. At present, the conditions are much less favorable, and the exemption from infectious diseases observed in the children of intelligent white people is seldom seen in the negro. Those diseases to which the negroes are more immune than whites occur in greater frequency among the mixed bloods, in proportions according to the dilution. Negroes of all shades are especially susceptible to tuberculosis and measles, but, in an experience of nearly 20 years, he cannot recall a case of scarlet fever, diphtheria, mumps or tonsilitis among black negroes. He recognizes a great improvement both among whites and negroes during the last ten years, but one of the gravest problems confronting the whites of the south is to prevent tuberculosis and veneral diseases among the colored population. The negroes are as a class immoral, and in these particulars, as well as some other diseases, like hookworm and amebiasis, the problem is not alone political, but one striking at the vitality of the race. He claims that miscegnation is more in evidence in the North at this time than in the South.

OIL INJECTIONS IN TUBERCULOSIS.

A few months ago I advised a patient who was well advanced in pulmonary tuberculosis to take subcutaneous injections of oil according to the method of Dr. Keyes, of Chicago. Only olive oil was used, and that in quantities of from half to one ounce. It was only a short time until the patient noticed an improvement, and now for three months he has been back to work again, with nearly full strength, and with but a few manifestations of the disease. He is very enthusiastic over the fact that this measure has saved his life. It seems to him very plain that nearly all the beneficial effects have been obtained from this course of treatment, or that all other measures have been practically enhanced by these.—*Ellingwood's Therapist.*

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

TAPE WORM REMEDY.—REPLY.

Editor Medical Summary:

In reply to Dr. J. P. Blakely, page 285, November SUMMARY, will say that the best remedy for tape worm is "Abbott's Tapeworm Remedy;" one dose generally does the work in an hour. Had an 82-feet experience lately.

W. S. CLINE, M.D.

Woodstock, Va.

[Several other doctors have written and given practically the same experience with the remedy mentioned by Dr. Cline. Among them, Dr. L. G. Walker, of Pound, Wis., says: "I have removed many tape worms with it."—ED.]

COUGH REMEDY.—HOW TO ABORT A BOIL. IRRITABLE BLADDER.—DANDRUFF, ETC.

Editor Medical Summary:

Enclosed find $2.00 to pay for the Dictionary of Treatment (Latham), which you can send me at your convenience.

Hope the new year just inaugurated may bring to you and yours fresh pabulum of joy, and all frictions of 1910—if any—be eliminated, and the bright little SUMMARY will forge ahead and tickle the cockles of the heart of those that have cerebration enough to assimilate contents.

COUGH REMEDY.—Here is a dandy cough medicine and knocks a cold when taken in its forming stage, and palliates nicely even when it is on. So many patrons praised it, I tried it myself, and can vouch for it. As the combination is unusual, I give it, as a good doctor can see that it bears a cure upon the face of it, and nothing of a narcotic element in it:

℞ Menthol .....gr. iv.
Elix. terpin. hydrate (plain),
Syr. hydriodic acid.....āā ʒij.

M. Sig.—Teaspoonful four or five times a day or night, taken plain and allowed to slowly trickle over the mucous membranes. A tickling cough, from the nasal pharyngial space, will soon be controlled.

TO ABORT A BOIL OR CARBUNCLE.—Try this and please your patients:

℞ Salicylic acid.....gr. x.
Balsam fir .....gtt. xx.

M. Sig.—Saturate a piece of canton-flannel the size of a silver quarter, cover with oiled silk and strap down with rubber adhesive. Change in 24 hours if needed. You kill the germ in a few applications. If you want to miss a good thing, ignore this. I have found this effective in fever sores and chronic indurated eczema.

FOR DANDRUFF.—Can recommend this formula:

℞ Hyd. bichloride .....gr. vj.
Formaldehyde, 10% sol.....3ij.
Salicylic acid .....3iss.
Spts. myristicæ,
Alcohol .....āā ʒiv.

M. Sig.—Rub in scalp at bedtime, and have your barber shampoo you once a week with Grandpa's Wonder Soap, as the carbonate of potassium and ol. of juniper enters into the ingredients of soap and keeps the scalp clean. I have prescribed this for years, and can recommend it.

IRRITABLE BLADDER.—A doctor meets with many distressing cases of irritable bladders and burning of the urine, more especially among elderly people, and I have found this old-fashioned remedy the best of all:

℞ Balsam copaibæ,
Spts. etheris nitrosi,
Liquor potass. .....āā ʒj.
Fld. ext. buchu .....ʒi.

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M. Rub up the balsam copaibæ with the liquor potass. thoroughly, so as to emulsify it, and add the other ingredients slowly. Twenty-five drops of this can be given one hour after meals in some sweetened water. This has cured many chronic cases for me.

A. V. BANES, M.D.

St. Joseph, Mo.

HOW TO COMBINE IODINE WITH CREOSOTE, AND A TAPEWORM REMEDY.

Editor Medical Summary:

I just happened to pick up the November, 1910, number of the MEDICAL SUMMARY, and note Dr. Burnett's question in regard to combining iodine and creosote. The easiest way I know is just to *combine* them, so:

℞ Tr. iodine.....gtt. x to xxx.
Creosote (B.).....gtt. x to xxx.
Glycerin .....ʒj.
Water .....q.s. ad. ʒiv.

M. Sig.—One dram in a little water (in typhoid, bronchitis, laryngitis, pneumonia, etc.) every two or three hours while awake. I use generally the gtt. x strength.

If you want something a little fancier, try Nelson Baker & Co.'s "Creosotide" tablets, containing 25 per cent. iodine with creosote. I have come to regard creosote as one of the remedies without which I could not get along in practice. The Maltbie Chemical Co. manufacture "calcium creosote" in liquid, powder and tablet form. I use the tablets and the powder, out of which I prepare the liquid. None of the three mentioned preparations of creosote are apt to cause stomach disturbances, or to be distasteful to the patient.

By the way, do you know that B. creosote is a very valuable remedy for tape-worm? Give

gtt. i. q.d. the first day.
gtt. ii. q.d. the second day.
gtt. iii. q.d. the third day.
gtt. iv. q.d. the fourth day.
gtt. v. q.d. the fifth day.

And give brisk cathartics the night of the fifth and the morning of the sixth days. No particular dieting or preparation except to keep the bowel acting about t.i.d. during the treatment and to eat moderately.

Pekin, Ill. F. C. GALE, M.D.

THE DOCTOR AND THE PUBLIC.

Editor Medical Summary:

In 1878, the physicians of this city organized an "Academy of Medicine," and established a tariff of fees for medical and surgical services. Your humble servant was the secretary, and the following preamble accompanied the fees:

"The undersigned physicians and surgeons of Jeffersonville, Ind., after a free interchange of views, and for the purpose of establishing uniformity in our charges for professional services, have adopted a tariff of fees, which we publish in pamphlet form for the information of the public. All trades and occupations have standards by which they are governed in determining the price of their labor. All men have a right to consult as to the means of securing success in their several vocations. The healing art is indispensable to the welfare of mankind, and as a class of men devoted to this art, we expect and demand a fair remuneration for our services.

"We all have patients who pay us cheerfully and promptly, but we regret that a large percentage of the community defraud us of our earnings. They act as if they thought us bound to serve them for nothing. They give themselves no concern about our bills, and practice imposition without the least compunction of conscience. They are gauntlet runners, and not paying one physician, they go to another, who is treated likewise.

"We notify such persons that we have adopted a remedy for these practices, which will hereafter protect us against them. We all have honest patrons who are not able to pay us as they desire, but show a willingness to do so, by paying a few dollars at a time. For this honest class, who lack the ability, and not the will, we make every allowance. But for those who seek our services, with no intention of paying for the same, we have neither respect nor sympathy. Against such we propose to rigidly enforce our rule.

"Whenever our services are solicited upon the scope of charity, we are ever ready to respond. There are no men who are so heavily taxed for benevolent and charitable purposes, and none who more cheerfully comply with the demand. In meeting such

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obligation, they frequently run great risk to their professional reputation, perform important surgical operations, and attend subjects of them for weeks and weeks, without either compensation or thanks.

"In conclusion, we wish to state that the heavy losses we have sustained from the above named causes, we have determined hereafter to require promptness and regularity in the settlement of our accounts."

The organization was composed of twelve physicians. With all our "resoluting," the dead-beats would get us just the same.

Just yesterday, as an illustration of how we get sucked in, I was delayed in meeting a professional brother in a consultation, telling I had received, just before the appointed hour, a call to see Mrs. R. "Well," said he, "I am sorry for you, as they owe me $176.00, and I can't get 76 cents!"

This is for our able friend, Dr. A., of Georgia.

D. L. FIELD, M.D.

Jeffersonville, Ind.

WE ALL MAKE MISTAKES.

Editor Medical Summary:

Dr. Campbell gives us a good batch of his mistakes and failures. A man does not necessarily need to be considered bold or indifferent simply because he is willing to admit that he has committed a few blunders. In fact, I think that on the contrary it shows a certain depth and broadness to "'fess up" occasionally to some of the egregious mistakes which we nearly all commit, or have at least some time committed. I think I have done my share of blundering. Having always been of a cautious, almost timorous, disposition, I have usually erred rather on the side of omission than commission. Still I have committed some errors and met up with some experiences that have taught me good lessons.

On several occasions I have given opiates to children and produced a degree of narcotism that proved somewhat alarming, so I have decided that rather than incur any risks in the future I will let both children and adults suffer a little until nature takes some part or parcel in trying to effect a cure. By that I mean that I will not violate the speed limit in administering toxic drugs. I recall two cases where I had toxic symptoms and a good deal of collapse from using cocaine in removing ingrown toenails. I am willing to admit that cocaine is no longer on my list of safe and conservative drugs. If any advertiser has a local anesthetic which he can guarantee to be free from danger, I am willing to give it a trial and perhaps, incidentally, a little free advertising.

Once I left the splints on a broken leg a little too long without close and painstaking scrutiny until there was damage, in some measure, to the fleshy parts. Doctors can not be too careful in cases of fractures and dislocations. It is just as well to call in plenty of counsel when things don't look exactly good. A long-drawn damage suit against two doctors whom I knew was brought about by their failing to diagnose the second baby in case of twins. Both babes were still-born, and the presence of medical men could not have helped matters in any way, but the family was convinced that this oversight was the cause of the mother's death, which occurred a few days later.

Like Dr. Campbell, I am guarded in my prognosis of children. Not many months ago a fifteen-months-old child which I had treated for broncho-pneumonia and where convalescence seemed thoroughly established, died very suddenly. In this case there was nothing to warrant me in handing out a very favorable prognosis—but the patient died anyway.

We may lose patients to other physicians by our candor, but I am always willing to abide by the consequences. Just recently a young child passed from my hands to another medical man because I told the family the little one was seriously sick. Fortunately for them the child recovered. About fifteen years ago I was treating a boy of nine who had cerebral meningitis. I thought the case extremely hazardous, so we called in a physician who had enjoyed several more years of experience than I had. The doctor concurred in the diagnosis and said that in his experience, which was extensive, he had never seen a case of recovery where the disease was manifested as it was in this one. We both got "canned" and a young horn-tooting physician was called on the job. The boy got well with-

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out an untoward sequelæ of any kind. It is easy to be mistaken either way.

It pays to be on the safe side and tell the friends the actual dangers that you think exist. If the case turns out all right in the end you won't have so much to explain. In fact, you may then be inclined to be so foolish as to let the folks think you have put forth your best skill—skill which accomplished something. I recall the case of a young man who had very little blood, and such as he had seemed to be lacking in the hemaglobinic element. Once or twice a year he suffered terrific intestinal hemorrhages. In the attack when I saw him he bled until exhausted. I called for a consultant, but the priest came instead. I kept up my efforts, and the man recovered. Two years have elapsed and there has been no recurrence of the hemorrhage. Another case of hematemesis in a woman with perhaps ulceration of the stomach the bleeding was so extreme that it seemed the patient had no more blood to be thrown out of her body. Fever followed, and plenty of it. I did not think she had enough sound corpuscles left to sustain life. Consultation was refused because the family could not afford to employ another doctor. The usual remedies were kept up, and the patient recovered. Such cases as these are wherein we get agreeably fooled.

So after all it is perhaps true that we really profit more from our mistakes and our doubts and misgivings because they so deeply impress us. and we mentally resolve that henceforth we will be on our guard and will go our way and "sin no more."

W. T. Marrs, M.D.

Peoria, Ill.

PNEUMONIA.—REPLY.

Editor Medical Summary:

I have spent most of the evening reading your December number. The first thing that meets my eye and which I should like to discuss a little with some one is Dr. Hall's article on pneumonia. It is an excellent article and written by the kind of a man who is a success in the profession. Still I think there is room for some improvement in the medical treatment outlined by the doctor. The particular points to which I object in the doctor's treatment are:

(1) "Antiphlogistine." Without argument as to the whys and hows, those who have tried out both seem to agree that they do better with the cotton jacket and dry heat, than with any sort of poultice which involves the slightest or occasional exposure of the chest. After the diagnosis is made there is no excuse for exposing the chest, even to the ordinary temperature of the room. The ear placed outside the cotton jacket can hear everything that it is necessary to hear. Do not even bathe the patient's chest after treatment is instituted until the temperature has been normal several days.

(2) "Zomakyne." Like all the other coal tar products, it is well left out. Circulatory and respiratory depression might be all right, if they did not have to be so seriously reckoned with later on. A brisk cathartic will get rid of the high initial fever even better than the Zymakyne and be more lasting and less risky in its effect. The doctor's laxative capsules are all right, although the ordinary Hinkle pill would possibly be better, but 24 or 36 hours should not be allowed to elapse before something further is done if the bowel does not act thoroughly; normal salt or soap-suds rectal enemata should be used to effect if the bowel does not start acting well within 12 hours of beginning of treatment. Salines should not be used in the cases of persons suffering from pneumonia.

(3) "Opium" for pain. Don't do it. If the dry heat does not make the pain bearable, strap the chest tight with adhesive plaster and give

℞ Fld. ext. bryonia .....gtt. xv.
Fld. ext. asclepias tub. ..gtt. xxx.
Aqua .....q.s. ad. ℥iv.

M. Sig.—Teaspoonful every half to four hours, depending on pain.

The above will serve practically as well as the Dover's powder, and there is no come-back to the medicine, heat and adhesive plaster. People that are sick do not expect to be absolutely free from pain. The doctor is talking some sense when he says quinine should be given in some form throughout the disease and through conval-

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escence. The dose is a matter of choice—but give quinine.

(4) "Aconite and Zomakyne" for the fever. What for? Does he expect his patient to stop having fever, because he is giving these remedies. Does he believe that they have a favorable effect on the pathological conditions present? The fever due to the pneumonia proper is not excessive, therefore needs no especial remedies. The excessive fever comes from the intoxication of the patient from the contents of the intestinal tract, excessive bronchitis, etc. So why not treat the fever by giving the rectal salt enemata (which will help out the bowel, the kidneys, and the heart, if some be left in the rectum occasionally), and by the use of some agent which will have a tendency to disinfect the intestinal tract and the bronchial membranes? Creosote will do both, and if there be such a thing as a remedy which favorably effects the pathology of pneumonia in the lung, creosote is the one.

(5) "Cactina and Nitroglycerin." The first is "sending a boy to mill," and the second is absolutely contraindicated except in very earliest stages of pneumonia. Strychnine and digitalis are the remedies to tie to when they are needed, but are not ones to give just because the patient happens to be suffering from pneumonia.

(6) "Opium" in the cough mixture. Leave it out; then it may surprise you to see how easily you can leave the cough mixture out in many cases. In the presence of excessive bronchitis, either dry or with excessive secretion, "cough mixtures" are allowable, otherwise they are not. Ammonium carbonate will do all for the *pneumonia* that any such combination will, and besides will do your *patient* good.

The doctor and I are both thinking of the average cases of pneumonia and our ordinary treatments; therefore exceptions as to cases and patients need not be mentioned here.

I will leave it to any one, who is willing to try both ways, if the patient will not recover sooner, and a larger percentage get well, under the simple treatment outlined below, than by the complicated and risky treatment employed by Dr. Hall. Texas patients may be tougher than Illinois patients,—and then some patients will recover in spite of anything we may do:

NON-MEDICAL.

Cotton jacket.
Dry heat.
Rectal enemata (cleansing and retained).
Adhesive plaster.

MEDICAL.

Creosote, throughout case.
Quinine, throughout case.
Ammonium carbonate, when required.
Bryonia, when required.
Asclepias, when required.
Tonic laxatives, sufficient.
Stimulants, as needed.

F. C. GALE, M.D.

Pekin, Ill.

SOME PRACTICAL POINTERS ON SUCCESS.

Editor Medical Summary:

Man comes into the world without his consent, and usually leaves it against his will. He receives many kinds of experience on his journey. Why do not all men succeed? If I could tell men how to succeed in this communication I should think I had accomplished enough. No matter what your work is, success is the end all desire. What would be success to one would be failure to another. All men do not aim at the same high point. Some aim higher than the strength of their natural ability will reach and make life hard for themselves. It was never intended that every man should be a Napoleon, Alexander, Edison, or Boorhaeve. Every man should strive to develop every natural ability which he possesses to the limit of usefulness. I believe some men strike the wrong calling and make life hard or fail. Every man has certain strong tendencies. Every man cannot be a great surgeon, though many want to be. Every man can not be a great teacher, and no matter how hard he may work he will find it so. Cultivate your natural abilities to the limit of their usefulness, and you have succeeded. Water can not rise above its source, nor can man rise above his ability. I do not advocate giving up or quitting short of your power of natural ability well developed. On the other hand, I think some men, in

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fact, too many men, are too quick to think they have reached the limit. It always makes me feel badly to meet a "know-all," because I think they are dangerous. I like the man who knows some things and knows them well, and knows that he knows them, but ready to accept more when presented in right form.

But this is not telling your readers how to succeed. Roll up your sleeves and go into life with a vim. Meet the world like if it had been doing the best it could without you. Make it feel that it needed just such a man as you long ago. Keep busy at something, if it be washing your buggy or automobile, or polishing your shoes. Do not be afraid or ashamed to work. Put life into your business. When called, get up and go like if death was near at hand. People look for doctors to move around rapidly. Look like a doctor by doing something to yourself to make that appearance. Act like a doctor. Be dignified, yet friendly at all times. Do not get too familiar with your patients. Better make your chat short with them lest you say something you should not. Do not dabble in politics. Go to church, but do not discuss religion, as people have different views, and leave some work for the preacher. Never run down other doctors or praise them too much, for neither will aid you. Speak kindly of others if you speak. Live a life that throws you above small things. Never take part in anything that would not tend to elevate you as a man and as a physician. Live a life that would be a model for younger people. Never use slang, much less curse words. Be a gentleman on every occasion. The less people see you idle the better for you. If you can not keep busy, at least keep yourself from appearing idle. Be firm in your directions and never fail to speak of the diet. Do not be too quick to give a diagnosis. Many men have failed on diagnosis, but never speak of it. Do not give too flowery prognosis; your patient may be dead next news you get. How many of you have been turned back or went in to find a corpse that was your patient the day before? It matters not how much medicine you know. It matters not how good you are with the knife. There are other things needed for success in medicine. Those little remarks of kindness, suggestive of the comfort of others, are weighed well by your patients. No one should ever desire to succeed because some one else is not worthy. No one should desire to go up by pulling another down. Selfishness will crop out in most of us and should be combatted. Professional jealousy can be found on every hand. It is too bad for it to exist to the extent that it does. One of the essentials for success is to become an expert on some particular disease. Never stop till you have gained a reputation of an expert on some one thing at least. If nothing else, be the best on malaria. Try typhoid fever, pneumonia, gonorrhea, or something for reputation. Do everything you do well, but prove your worth on something. You have no idea how it will help you to be spoken of as the best doctor for So-and-So.

Readers, this is Christmas eve, and I am writing at random. Will try to do better next time. It is easier to give advice than to take it. May you all enjoy a prosperous 1911—and many more.

F. L. Bott, M.D.
324 Randolph Bld., Memphis, Tenn.

CAUSE AND REMEDY FOR DANDRUFF.

Editor Medical Summary:

Noticing that every time I visited the barber to have my hair cut, I would have an itchy scalp within three days after the visit, I formed the habit of washing my head in a carbolized solution as soon as I would return from the barber's, and henceforth was never more troubled with dandruff. The disease is no doubt caused by a micro-organism. In bad cases of dandruff apply common yellow sulphur and lard to the head. This sulphur ointment will then come in contact with the infected hat band, the pillow, comb and brush, etc., killing the germs. Unless this is done you will suffer reinfection and decry the remedy. I could give you a hundred remedies, but the above is the best of all that I have tried.

R. D. Fairex, M.D.
1110 S. Rampart St., New Orleans, La.

The Summary is at the front as an all-round helpful journal to the busy practitioner.—John Freeman Neal, Lytle, Texas.

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IMPETIGO CONTAGIOSA.

By A. P. Reed, M.D.

This, a member of the eczema family, has been very prevalent in my region of late, showing its capacity for auto-inoculation in a strong way. There have been many aggravated cases through neglect. The popular description, "An acute contagious inflammatory disease characterized by the development of one or more discrete, superficial vesicles or blebs, of various size and shape, the contents of which soon become purulent, producing yellowish or brownish crusts," describes very correctly, I should say, my cases.

Mercurial ointments work fairly well, but where the trouble is extensive there is always the danger of an over-systemic mercurial effect. The last case I had was one of the worst I ever saw in this regard, neglect and scratching having spread the disease from the face and hands to various parts of the body, with large crusty and purulent areas, one of the most deplorable features being an extensive invasion of the scalp. Case that of a fourteen-year-old girl.

Casting about for something outside of mercurials for a local application, it occurred to me to try resinol ointment. So I prescribed that along with calomel and a saline laxative internally. Softening up the crusts with some white castile soap, and removing them with antiseptic precautions, I made the first application myself, leaving directions for another application the next morning. Improvement was rapid. In two weeks not a vestige of the disease remained.

I believe I like this treatment well enough to use it in the future, since I am thus left free to use the mercurials internally and I am inclined to think them more satisfactory in these cases in that way.

Calcium sulphide three or four times a day would, I believe, be a valuable adjunct, but locally nothing could be more quickly effective than resinol ointment. I did not have a chance to try it in this case, but the next case I think I will use the resinol soap for a cleaner to ascertain if it may not be better than the proverbial castile.

It is important to instruct patients with this disease to have their individual towel, drinking cup, etc., and to avoid scratching all that is possible. This latter the resinol will help them to do.

Naples, Maine.

DYSPEPSIA-PLUS?

Editor Medical Summary:

A young farmer, aged 24 years, had suffered nearly three years from indigestion. He had learned to limit his suffering by excluding nearly everything from his diet except milk and eggs, but his nutrition had suffered, and he had lost weight until he was emaciated. Despondent of cure at the hands of the regular faculty, he had resorted to the near-doctors until his purse also became emaciated, but with no good results.

There is a reason to be sought behind every failure of the digestive function, and I asked why this youth, in his prime, with the most healthful of occpuations, should thus fall away. Physical examination externally, and an inquiry into the home, the environment and the life, gave no answer. Questioning him closely, I found that he attributed his ailment to masturbation. Many young men think they have impaired their physique by self-abuse, and with some this belief amounts to a monomania; especially if the patient is the victim of the "lost manhood" advertisement. It is always safe, however, to inquire into the possibility of truth in a belief before deciding against it. The attempt to pass a bougie—perfectly smooth, well oiled and warm—elicited expressions denoting exquisite hyperesthesia of the urethra, beginning at the meatus. Here was an indication for treatment that I at once accepted. The patient was given arbutin, a grain four times a day; his bowels regulated by a dose of podophyllin, one-sixth grain at bedtime, with a teaspoonful of effervescine sulphate of magnesia on rising; and he was furnished a bottle of Abbott's euarol with a hard-rubber syringe, and directed to inject five drops into the urethra once a day. The hyperesthesia was so great that he did not dare to do this, and I had to use the syringe myself for three days. As it was, at first I barely succeeded in introducing the tip of the instrument within the meatus far enough to land the

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oil inside. By the third application the sensibility had so far subsided that he was prevailed on to try the operation for himself, and thenceforth the improvement was rapid. At the end of a month he could introduce the instrument to the bladder with little more sensation than on passing it through his hand.

Long before this, his whole aspect had changed for the better. I had to lessen the dose of podophyllin one-half, as it acted too freely and caused griping. I also gave him some tablets of caroid at meals. His digestion improved rapidly, appetite returned with a rush, and I was compelled to insist on his Fletcherizing his food to prevent overloading the stomach. The diet was a mixed one, carefully avoiding monotony. He took a little of everything offered and not much of any one article. All drinks were forbidden while eating.

The most remarkable improvement was in his appearance. He straightened up, the depression gave place to an expression of self-respecting confidence, his eye brightened and his voice had the ring of manhood. His weight increased eight pounds in five weeks, and the gain in muscular vigor was proportionately greater.

I had sternly forbidden all sexual indul- off his "case," and away from sexuality. This he was willing to do, but could he? When a youth had accustomed himself to sexual indulgence, can and will he cease the periodic seminal discharges? The problem is an individual, not a general one. Some can and will, others can not or will not.

To insure success here was vital for the permanent cure. How could I so fully fill his mind with other tpoics as to banish the allure of sex?

I talked long with the man to ascertain wherein lay his interest, and found he had an inclination to osteopathy! To test his capacity and the depth of his predilection, I directed him to read some medical books I furnished him, and especially a copy of Landois and Stirling's physiology. He showed an avidity for this pabulum, and soon began to realize what the profession of medicine meant. I got him to take a correspondence course preparatory to medicine, and soon found him so engrossed in these studies that he could talk and think of nothing else. I think he will enter a medical college next fall.

Just as one must look beneath the surface for the pathology of disease, and apply the treatment to the cause rather than to the surface indications, so the doctor must go far afield in his treatment. He must study the mind as well as the body, and apply to each the remedies it needs. He must so arrange that his orders will be obeyed. It is no excuse for failure to say that a cure would have resulted if one's orders had been obeyed, for the doctor must give orders that will be obeyed, and so arrange matters that they can be obeyed. The man who ordered champagne for a day laborer has his counterpart in every doctor who neglects to fit his treatment to the possibilities and probabilities of the case. I am writing this because I have received several letters telling me that the treatment I advised in a former letter had failed. Many others write telling me it has succeeded in their hands. The personal equation explains. As for me, I don't go to the trouble of diagnosing a case and fitting a treatment to it, to have it fail. If it is worth while to go to this trouble one must go further, foresee the possible failure and take precautions against it.

HENRY LASHER, M. D.
1816 Kenelworth Ave.,
Rogers Park, Chicago, Ill.

OUR NEXT.

"Some of the Complications of Tuberlosis."

"Vienna and Berlin as Medical Centers," by a Physician who has just returned from Europe.

"Letters of Advice from Ben Franklin to a Young Friend."

"Report of a Very Interesting Case; Septicemia?"

These are the titles of just a few of the many interesting articles that will appear in our next.

March issue commences our thirty-third volume. You can not afford to miss a single number the coming year.

Published the first number of the SUMMARY in March, 1879.

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AN INTERESTING CASE REPORT.

Editor Medical Summary:

I desire to report to you an interesting case; at least it was interesting to me, and the result was all that could be desired. The patient was an old man eighty years of age, and when I first saw him his clinical picture was as follows: His feet and legs were swollen above his knees, and his abdomen full of water. The face and hands were œdematous; the heart action very irregular and weak, any exertion, even mild, brought on spells of smothering and more irregular action of the heart. Action of the kidneys was very scant, the amount of urine passed in twenty-four hours not exceeding two ounces. There was no albumen in the urine. His appetite was poor and he was wakeful and restless at night. It was considered a case of interstitial nephritis. The treatment adopted was to place him daily in a hot pack, making the pack particularly thick and hot over the region of the kidneys, and in addition to this he was given internally chloride of iron, 20 drops in three ounces of water every four hours. His condition steadily improved under this treatment. The excretion of urine in a few days was free and copious; the heart action became regular and good; the appetite improved; his strength returned; œdema disappeared, and in three weeks he was restored to normal condition for his age.

Harrison, Ohio. J. C. KILGOUR, M.D.

INOPERABLE CARCINOMA UTERI TREATED WITH ACETONE.

Editor Medical Summary:

Having read a few articles on the acetone treatment of inoperable cases of carcinoma uteri with such satisfactory results, I determined to try it in my next case. Gelhorn, after experimenting a year and a half, found it an ideal remedy in controlling the discharges and hemorrhage, but especially in allaying the dreadful offensive cancerous odor.

Pathological specimens are quickly hardened in acetone, and this fact led Gelhorn to experiment with it in cases of cancer.

June 30, 1910, I was called to a Mrs. S., aged 74, who was having an offensive bloody vaginal discharge. She was taking some proprietary anti-pain pills to relieve the pain in the pelvic region. She had had four children, and her labors were normal. Menopause occurred when 50 years old. Last two years had been losing in weight; constipated and some distress at irregular intervals in the epigastrium, which she termed indigestion.

Vaginal examination revealed the vaginal canal almost occluded. The cervix uteri was replaced by a mass of diseased tissue adherent anteriorly and posteriorly to the vagina. I could pass the uterine sound for about two inches on each lobar side of the vagina. The small vaginal canal was cleansed with a cotton carrying probe dipped in a solution of potassium permanganate. After drying the cavity with a similar instrument, a cotton applicator saturated with acetone was held to the diseased surface a few minutes each day. Before the acetone was applied, zinc ointment was applied to the apparent healthy mucous membrane of the vulvæ as she complained of severe pain if the acetone came in contact with the mucous membrane. The odor very soon disappeared, the discharge lessened and the pain somewhat diminished.

Unfortunately for the patient, a vesico-vaginal fistula developed about October 7th, and the urine constantly dribbled from the vagina, and the patient had no desire to void urine naturally, as the opening in the bladder was large enough for it to escape. The patient was able to walk about the room and sit up a greater part of the day until the last week, when her strength began to wane. During the latter part of her illness she took a quarter of a grain of morphine three or four times in twenty-four hours. The morphine relieved her pain, but did not produce sleep. During the last two weeks of her illness she was troubled with insomnia, which was overcome by giving five grains of veronal in the evening.

I have never seen a case where the discharge was so small in amount and free from blood, and also the absence of the cancerous odor. The principal trouble was with the urine. The patient quietly breathed her last December 18th.

E. N. RITTER, M.D.

Williamsport, Pa.

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REPLY TO QUERY.

Editor Medical Summary:

In helping answer the question you ask, "Why do men lose their dome covering, while women retain their crown of glory?" I wish to say that since according to my observation, most of the reasons given do not apply to both sexes alike, I have been looking about for some reason that would hold in both cases. I have found one that I believe does this. It may be thus stated:

Man has more hair to support than woman, face hair and body hair as well as head hair. We may go on the supposition that what we may call the hair growing strength is more divided up in the case of the man than in that of the woman, hence not so much concentrated on the head hair.

In support of this I think I have noticed that women who are masculine in this particular, that is, well haired generally, experience more often an early thinning of the head hair. It is a matter I wish there could be a more general and extended observation upon by those in a position to do it, since I believe something practical would come from it in understanding and possibly treatment.

A. P. REED, M. D.

Naples, Maine.

SENDING THEM AWAY.

Editor Medical Summary:

I have been twice to Colorado, the last time as a witness in the celebrated W. S. Stratton will case. While waiting to be called to testify, I had a job on my hands of time-killing. It was the latter part of April, in Colorado Springs, and the weather was mild enough to bring people to the parks. Being seated in one of them one afternoon, my heart was touched as I beheld a tall handsome "lunger" come slowly into the park, and occupy a seat alone. No one would sit by him, as such are shunned as one would a leper. There was an expression in his face of utter loneliness, sadness and melancholy, that I arose from my place and proceeded to sit by him. It seemed to surprise him, but I knew there was no danger to me. I spoke encouragingly to him, and it seemed to be so grateful to him.

Now, what good can come of sending consumptives away from the comforts of home, the society and love of loved ones; send them away to suffer not only with the disease, but to suffer the anguish of homesickness, loneliness and almost despair? Air can never cure anybody in such a depressing state of mind. No houses being open to them, they have been compelled to occupy tents on the mountain side. The only good such a climate can do is to prevent the development of the malady among those who may inherit a predisposition to it. They should go there and make their home, as many have done from all parts of the world.

Colorado Springs is a clean, sanitary city of near thirty thousand inhabitants, and a man can do well there. Arizona, New Mexico and San Antonio, Texas, are no better for those advanced with the disease. A gentleman from San Antonio told me a short time ago that every winter the city becomes a Mecca for great numbers of consumptives. They leave the rigorous climate of Colorado in winter and migrate to the balmy climate of San Antonio. It seems exaggerated, but he said they thought thousands would be there this winter. It matters not where they go, the disease goes on to a fatal issue sooner or later. Change your residence to those healthful regions. as a *preventive* measure.

D. L. FIELD, M.D

Jeffersonville, Ind.

EFFECTS OF WHISKEY.

Editor Medical Summary:

Recently I saw a man that had had one leg amputated at the lower third. The stump was a little red and tender and occasionally gave him some trouble. He was a whiskey drinker and told me he could feel the effect of whiskey in the stump quicker than in any part of his system, and that drinking whiskey always caused irritation of the stump. What about whiskey in gonorrhea, pneumonia, etc.?

Gans, Okla. J. A. BURNETT, M.D.

A man who kills time isn't necessarily lazy, but he is "just as good."—*Western Druggist.*

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Favorite Prescriptions

We invite practitioners to send us for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and State.

Reader, let us hear from you in time for the next issue of the Summary. It is our wish that the reader take a special interest in this department of the Summary.

PROPHYLAXIS AND TREATMENT OF BALDNESS.

Editor Medical Summary:

I find that a big per cent. of the people that are looking for treatment of baldness, want something that will act quick and easy to apply, or not at all, and are not willing to go to too much trouble; yet they will often say that they would give fifty dollars for the restoration of the condition. Here is one that has never failed me, if carried out by the patient. Shampoo the scalp every day with soap that contains birchwood or beechwood tar 40 per cent.; keep this up for eight weeks, and each time rinse with warm water and dry by patting the hair with a hot dry towel. When dry apply the following:

℞ Sol. hydrarg. chlor. corros..1-300,
Glycerin,
Spts. cologne .....āā ʒiiiss.
M. Sig.—Apply and rub in scalp well.

After this application, rub the scalp dry with the following:

℞ Beta naphthol .....gr. xv.
Alcohol (absolute) .....ʒvii.
M. Sig.—Apply.

This should be followed by applying freely the following:

℞ Acid salcylici .....ʒss.
Fld. benzoin.....ɱ xiv.
Olei (neatsfoot) .....ʒiiiss.
M. Sig.—Rub in for five minutes.

B. J. Teaford, M.D.

Lanesville, Ind.

A FEW LINIMENTS.

Editor Medical Summary:

Many physicians claim that the U. S. P. chloroform liniment is the best liniment for general use. Here is a good stimulating liniment:

℞ Menthol .....gr. vj.
Chloroform .....ɱ xxx.
Oil cassia,
Oil cloves .....āā ɱ v.
Alcohol .....q.s. ad. ʒj.
Sig.—Apply over the pain.

Another good and cheap liniment is:

℞ Oil cedar .....ʒij.
Alcohol .....ʒij.
Choloroform .....ʒij.
Strong aqua ammonia.....ʒij.

Add these together in a quart bottle, and mix them well, then add two eggs and mix well again, then add two ounces of coal oil and mix well again, then add enough water to fill the bottle, and mix it well, and it is ready for use.

Sig.—Saturate a flannel cloth with the liniment and hold firmly with the hand over a pain for about five minutes. It is of use in headache, toothache, neuralgia, rheumatism and catarrh, colic and various pains.

For colic, take 10 drops in water, and for cough 10 drops in molasses made thick with sugar, and for catarrh dilute with water and sniff up the nose.

J. A. Burnett, M.D.

Gans, Okla.

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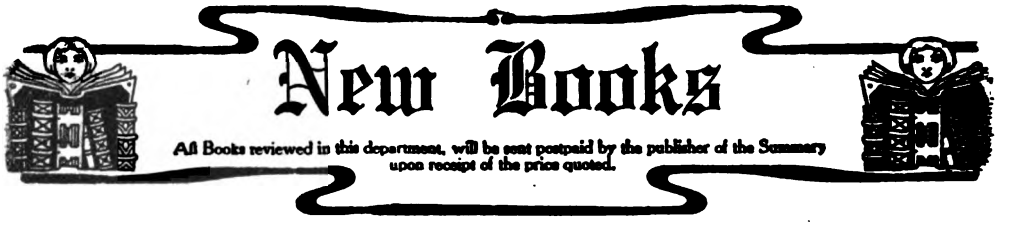
New Books
All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

PRIMER OF HYGIENE. By John W. Ritchie, of the College of William and Mary, in Virginia, and J. S. Caldwell, of Peabody College for Teachers, in Tennessee. Illustrated. World Book Co., Publishers, Yonkers, N. Y. 1910. Price, cloth, 40c.; by mail, 48c.

The knowledge of paramount importance to every child is that which shows him what he himself can do to keep his body in health, and convince him of the importance of those matters, and he will thus be able to aid in lifting the burden of preventable disease which the people are now carrying. Much has been accomplished during the past decade by the mothers of the land becoming better informed in both sanitary and hygienic measures, so that now there is not near the amount of sickness among children as there was formerly, but there is room for imparting information, and the place to commence teaching those things is with the boys and girls at school. This little book tells the elementary facts of hygiene that every person needs to know to help keep his body in health in language so plain and simple that a ten-year-old child can understand it perfectly well. The proof sheets of the book passed through the hands of a large number of prominent educators, physicians, etc., for criticism before they were put in book form. This certainly goes to show that it was the author's intention to and we can commend it as being as clear and concise a little work on the subject as we have ever had the pleasure to examine. This book concludes the New World Science Series. Primer of Sanitation, and Human Physiology, the other two books, belonging to this series, were noticed in these columns before.

THE HISTORY OF MEDICINE, PHILOSOPHICAL AND CRITICAL, from Its Origin to the Twentieth Century. By David Allyn Gordon, M.D. In two volumes. G. P. Putnam's Sons, Publishers, New York and London. 1910. Price, cloth, $6.00 net.

This admirable work, comprising two elegantly printed volumes, presents a comprehensive review of the evolution of the art and science of medicine from its beginning, and sets forth the principles upon which it was founded. The development of medical systems and hypothesis, of sects, and theories, have been carefully traced and their influence in directing the course and progress of the medical sciences have been noted in a most admirable manner. As the author truthfully says, the history of medicine is largely the history of science and philosophy, and not simply a narrative of events, but more a tracing of the evolution of the various branches of the sciences. In this connection the author presents brief sketches of the men who have been most conspicuous in advancing the arts and sciences of medicine in one way or another. This work should be read by every medical student and found in the library of every practicing physician in the land.

LESSONS ON THE EYE. For the Use of Undergraduate Students. By Frank L. Henderson, M.D., ex-President of St. Louis Medical Society, 1905; Ophthalmic Surgeon of St. Mary's Infirmary; Consulting Oculist to the Wabash Railway, etc. Fourth edition, revised. P. Blakiston's Son & Co., Publishers, Philadelphia. 1910. Price, $1.50.

This little work, consisting of 238 pages, has a wide popularity which it well de-

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serves, and as a fourth edition in but a few years might well attest. It was intended by the author that this book take the place of the class room notes, thus rendering note-taking unnecessary, which certainly is more than simply a time saver, to say the least. Minute anatomy, the fitting of glasses, skiascopy, ophthalmoscopy and kindred subjects are not taken up or discussed in this work. The author doubts the diagnostic value of the ophthalmoscope in the hands of the average practitioner, therefore diseases which have to be diagnosed with the ophthalmoscope have also been slighted, and no doubt correctly so. Suffice it to say that the little book before us we believe to be of intrinsic value to the student, and that it affords helpful and valuable reading for the general practitioner. We know of no other work that presents an elementary, working knowledge of the eye, its functions, and its disorders in such a succinct and simple form as this little book does.

THE CARE AND TRAINING OF CHILDREN. By LeGrand Kerr, M.D., of Brooklyn. 12mo., cloth. Funk & Wagnalls Company, Publishers, New York City. 1910. Price, cloth, 75c. net; by mail, 82c.

The care and training of children is certainly a most important subject, and Dr. Kerr appears to have handled the subject in a most admirable manner, and in his preface states that whatever is of value in this volume has been caught from the contagion of great characters, conscientious parents and many books. The author of this little volume presents a clear statement, based upon general principles, written in a plain and practical way, and devoid of things which are yet beyond the possibilities of application by parents not specially trained, and we believe that by careful reading and study of this little book any parent would gain a clearer appreciation of the needs of the child and the best practical methods by which to meet those needs. The general practitioner will find in this little book a mine of useful and interesting facts.

A COMPEND OF THE ACTIVE PRINCIPLES, With Symptomatic Indications for Their Therapeutic Use. By Harold Hamilton Redfield, M.D., Associate Professor of Therapeutics, Bennett Medical College; Professor Therapeutics and Physiology, Reliance Medical College, Chicago, Ill. The Clinic Publishing Co., Publishers, Chicago, Ill. 1910. Price, cloth, $1, net.

This little book of over a hundred pages presents in a condensed and usable form some of the most important therapeutic facts concerning the most valuable of the active principle remedies. No attempt is here made to cover all of the alkaloidal materia medica, but what therapeutic facts are given are mostly from the author's own clinical experience, which, of course, enhances the value of the work materially. No physician making use of the active principles or alkaloids can afford to do without this little book; in fact, it should be found in every physician's library.

THE PURCHASE PRICE, a historical novel based on conditions which prevailed before and after the bloody strife known as "the great Civil War,'" is a book that ought to appeal to the physician and all reading people who desire entertainment as well as instruction. The story is from the pen of Emerson Hough, who wrote "54—40 or Fight," and several other books of fiction in which romance, history, love, diplomacy and intrigue are skillfully and charmingly interwoven. One of the best of these stories is "The Purchase Price." It breathes the atmosphere of a half century ago and conveys a vast amount of information concerning the social and political affairs of that particularly troublous period. The story is well and fascinatingly written and holds the interest of the reader from cover to cover. The book contains over 400 pages and is handsomely made with numerous illustrations. On the whole it is the kind of book that should be more generally read. "The Purchase Price" is published and sold by the Bobbs-Merill Company, Indianapolis, Ind., and the price is $1.50, postpaid.

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Summary Gleanings

Dilute citric acid and peppermint water, equal parts, and applied twice a day will soon effect a cure in frost bite.

A mustard plaster applied to the stomach region often arrests nausea and vomiting.

For that dry tickling cough, no peace day or night, drop doses of deodorized tincture of opium, on sugar, after each paroxysm of coughing, will relieve promptly.

Dr. Fantus says that rheumatism can positively be checked by heavy doses of salicylates if given at the outset of the disease, while if smaller doses are given an immunity to the drug is established and the treatment thereby made much more difficult.

Pain from an ingrowing toenail can be relieved by treating with a mixture composed of one ounce of chloride of zinc and one dram each of muriatic and nitric acid; mix them thoroughly, and apply one drop daily to the affected toe.

Hydrastis is a most reliable remedy in uterine hemorrhage, but in severe cases it must be given in large doses.

In making applications of iodine it is sometimes better to combine it with glycerin than to use it alone.

All diabetics whose urine shows a marked diacetic acid reaction should be placed on sodium bicarbonate. As much as three to four ounces may be given daily.

The fluid extract, sambucus canadensis, in ¼ to 1 teaspoonful doses, three or four times daily, is considered almost a specific for dropsy.

Dr. F. A. Grafe, Cincinnati, Ohio, says that the most efficient remedy in the treatment of nasal catarrh, is undoubtedly *Amenopsis Californica,* used warm in a two per cent. aqueous solution, by means of any ordinary atomizer.

For earache take five parts camphorated chloral, thirty parts of glycerin, and ten parts of oil of sweet almonds. A piece of cotton is saturated and introduced well into the ear, and it is also rubbed behind the ear. The pain is relieved as if by magic, and if there be inflammation, it often subsides quickly.

In mastitis, when the breasts are hot, hard, and engorged, give veratrum viride and phytolacca alternately, and cloths wet in a lotion of phytolacca applied locally.

It is claimed that veratrum viride in small doses is as much a "cardiac tonic" as digitalis is in large.

In gastric dilation Einhorn gives resorcin in 3 to 5-grain doses with 20 gr. bismuth subnitrate in a watery mixture.

For flatulence at the climacteric, Gould and Pyle's Cyclopedia recommends equal parts of tinctures of nux vomica, physostigma and belladonna—15 drops twice daily in a little water.

Moist heat applied externally, or hot steam funneled into the ear, will usually afford much relief in earache. Syringing the ear with plain warm water lessens the pain.

Arnica may be used both internally and locally for extensive bruises or strains of the softer tissues. It is quick to relieve the abdominal tenderness after a fall or a blow.

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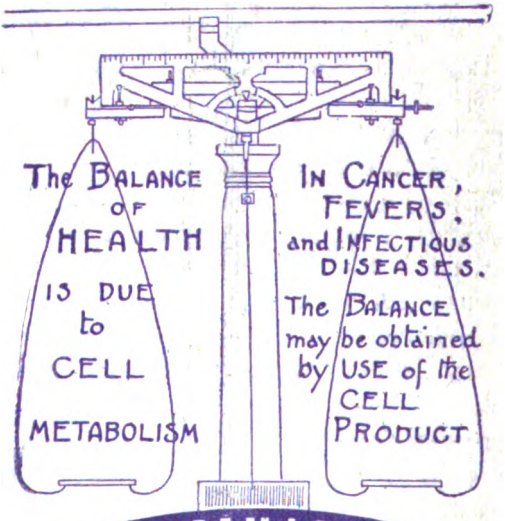
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